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*The Health
of
Brighton*



COUNTY BOROUGH OF BRIGHTON



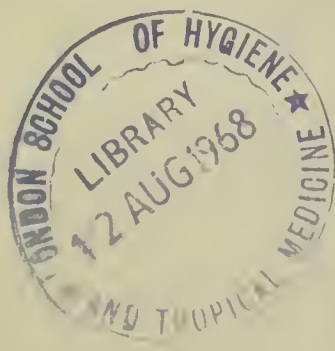
ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR THE YEAR 1961

W. S. PARKER, V.R.D., M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H.

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Old Steine,
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68609



August 1962

*To the Mayor, Aldermen and Councillors of the
County Borough of Brighton.*

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report for 1961 as required by the Public Health Officers' Regulations 1959.

The changing character of the work of the Health Department is emphasized by the relative absence of reference to infectious disease except for the comment on the great improvement in the tuberculosis situation. On the other hand, the increased medico-social work, particularly in the care of the aged and in mental health is a commitment which will continue to expand in the future. Your Authority will have to consider what steps are necessary to meet this challenge.

The new University of Sussex was opened during the present year. The real impact of this venture has not yet been felt by the town. It will bring a new demand for accommodation for some thousands of students and staff with a corresponding pressure on the town's amenities for entertainment and culture. I look forward with interest to the establishment of a student health-service. The Health Department will have to make available its present statutory arrangements for the prevention, detection and aftercare of pulmonary tuberculosis and other infectious disease as well as mental illness among this especially susceptible new group of young people in our midst. I am sure you would wish every possible facility to be offered to the University by this department.

The diagram showing the incidence of measles presents the characteristic peak which occurs every two years and superimposed on it a five-year maximum incidence.

This year the scheme for the detection of phenylketonuria in the urine of new born babies was started. The change in metabolism which is associated with this phenomenon is also linked with the occurrence of some cases of mental subnormality. By early detection in the first three weeks of life the diet can be altered with a good chance of maintaining the child's degree of intelligence.

During the year the Committee approved the acquisition of the Mobile Clinic illustrated in the report. The caravan was purchased from the North Riding of Yorkshire County Council and altered to local requirements. An older municipal ambulance was taken out of service and modified to make a combined towing vehicle and waiting room as well as a selling point for welfare foods. The unit is being used on the more remote housing estates and other sites so that full facilities can be provided where a permanent building is not justified.

Local doctors have recently organized a private radio network for cover while away from their surgeries. Two of the midwives' cars have been fitted with the same type of radio. The rented equipment is already proving itself a great success and approval is being sought for a similar installation in the other midwives' cars to bring them within the local family doctor radio net.

The skyline of Brighton is altering its profile with the introduction of tall buildings. These new architectural features are introducing new public health problems including refuse disposal and the provision of adequate sized lifts to take stretchers horizontally as well as wheel chairs. A problem which is new, but is also aggravated in high buildings, is the disposal of foul dressings, after-births and the newer sort of one-use towels, syringes and a variety of plastic

devices. Previously these had been burnt on the traditional fire kept burning in the sickroom or alternatively in the household boiler. With new housing designs which have no fireplaces and no individual boilers or refuse-disposal systems there is the ever-present threat of a harmful and unpleasant nuisance. There is a real need for your Planning Committee to be aware of the problems and to take steps to meet them. In view of the paucity of information generally available the subject should be examined at national level.

The Brighton Corporation Health Department proposals for a chiropody service were implemented during the present year. It must be noted that chiropodists directly employed by the Health Department must be properly qualified.

Three major food hygiene items occurred in 1961. A prohibited and potentially cancer-producing colouring matter was found to be in use for tinting the traditional Brighton Rock and also in candy-floss. Successful action was taken to seize the rock. Owing to a flaw in the legislation legal action could not be taken about the candy floss dye but the stocks were destroyed by agreement.

The seafront Arches are used for catering in spite of the advice of your Medical Officer and Health Committee that they are unfit. In 1960 action was taken before the magistrates and fines were inflicted: in 1961 the same circumstances were represented using identical evidence but the prosecutions failed. Vigilance is still being exercised and action will continue to be initiated where necessary.

The third item was the occurrence of an outbreak of food-poisoning originated in bacteriologically contaminated frozen whole egg and spread by bakery products distributed by vans or mobile shops. A detailed account is included in the report.

On reflection it will be seen that much of the work of the department, irrespective of the section concerned, could not be successful without the collaboration of an *informed* public. This process of *health education* is continuous and rewarding for there is a full range of health topics about which the public knows little but which can be explained simply. There are two ways of conducting health education, either by the use of specialist health educators or by taking those of suitable personality and technical knowledge and training them in health education techniques. This means that in addition to health visitors, who are of necessity health educators, training should be given to mental health staff and public health inspectors. These latter officers do far more by advice and teaching than by the use in the last resort of their official powers of compulsion. If your department is to prevent illness then its staff must have the continuous and fundamental task of teaching good health, personal, mental or environmental. In fact they all must be health educators. This can only be achieved by a positive policy of training and refresher courses.

Lung cancer continues to take its melancholy and unnecessary toll. A third of all cancer deaths in Brighton men is due to this preventable disease. It is forgotten that the cost of twenty cigarettes a day throughout the year is that of an annual Continental holiday for a couple.

Your members will recall I presented the original slum clearance programme in good time to keep up with the proposals made to the Ministry. Time has dragged on and I have now reached the stage where I almost feel I should give up any attempt at action to protect the health of those still living in houses which should long ago have been swept away. At the present time there is a bottleneck: an examination is necessary to show where it is and what action is necessary to eliminate it.

Private enterprise cannot or, in legitimate search of higher profit elsewhere, is not prepared to provide modern housing to let to the lower income groups of the population in a sufficient quantity to meet their needs. The problem is not only a local one: it is national and even international and it cannot be set aside without an adequate attempt at dispassionate solution.

In writing this Annual Report I willingly acknowledge the help given by so many people and organisations which has made the excellent work of your staff even more effective. I am conscious of the loyal work of the Health Department team. I would single out my Deputy, Dr. A. M. Nelson; Mr. R. S. Cross, Chief Public Health Inspector; Mr. R. W. Grutchfield, Chief Clerk and his successor, Mr. Aspden. Mr. Grutchfield retired on 30th June, 1961, after exactly fifty years' service with the Brighton Corporation, of which all but the first two were with the Brighton Health Department.

Grateful acknowledgment is made of the collaboration by those mentioned below in the common task of promoting the health of our townspeople.

The family doctors in Brighton.

Foredown Isolation Hospital.

The Geriatric Unit at the Brighton General Hospital.

St. Francis Hospital, Haywards Heath.

Dr. Jameson of the Public Health Laboratory.

Mr. Dawes, Secretary of the Brighton and Lewes Hospital Management Committee.

The vast majority of the local hospital consultants.

I conclude by thanking the Health Committee for their forbearance and support and particularly their Chairman, Councillor H. Nettleton, whose sympathetic and helpful advice has at all times eased and strengthened the working of the Department.

Yours faithfully,

W. S. PARKER

Medical Officer of Health.

CONTENTS

	PAGE
MEMBERS OF COMMITTEES AND PUBLIC HEALTH OFFICERS	8
VITAL AND GENERAL STATISTICS	9
INFECTIOUS DISEASE AND EPIDEMIOLOGY	17
NATIONAL ASSISTANCE ACTS... ..	37
LOCAL HEALTH SERVICES:	
Care of Mothers and Young Children	20
Midwifery... ..	26
Health Visiting	27
Home Nursing	30
Vaccination and Immunisation... ..	31
Ambulance Service	32 & 48
Prevention of Illness, Care and After-Care	33 & 41
Domestic Help Scheme	41
Mental Health Service	42
OTHER INFORMATION	45
SANITARY ADMINISTRATION (follows page 48)	
SCHOOL HEALTH WORK (follows above)	

MEMBERS OF COMMITTEES ON 31st DECEMBER, 1961

Health Committee

HIS WORSHIP THE MAYOR (COUNCILLOR G. B. BALDWIN, J.P.)	COUNCILLOR W. C. H. PARISH
ALDERMAN F. E. WINCHESTER	„ Dr. A. SLESS
COUNCILLOR R. J. BLACKWOOD	„ S. A. SNELLING
„ A. W. BRIGGS	Miss E. HYSLOP
„ Mrs. V. G. HARMER	Mr. C. C. TITCOMB
„ W. H. HINDS	Mr. F. MARTIN
„ G. W. HUMPHREY	Dr. L. J. BEYNON
„ J. J. LOUGHRAN	Dr. H. G. PAGE
„ C. LUX	Mr. H. RAYNER
„ H. NETTLETON (Chairman)	

Health (General Purposes) Sub-Committee

HIS WORSHIP THE MAYOR (COUNCILLOR G. B. BALDWIN, J.P.)	COUNCILLOR LOUGHRAN
COUNCILLOR BRIGGS	„ NETTLETON
„ Mrs. HARMER	„ Dr. SLESS (Chairman)
„ HUMPHREY	Dr. BEYNON
	Miss HYSLOP

PUBLIC HEALTH OFFICERS

Medical Officer of Health:

W. S. PARKER, V.R.D., M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H.

Deputy Medical Officer of Health: A. M. NELSON, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officers of Health:

MARGARET GORDON SPENCER, M.A., M.R.C.S., L.R.C.P., D.P.H.

D. W. QUANTRILL, M.B., Ch.B., D.P.H., D.T.M. & H., D.R.C.O.G.

Assistant Medical Officers of Health:

†BERYL P. EADIE, B.Sc., M.B., B.Ch.

†HILARY MURDOCH, M.B., B.S., M.R.C.S., L.R.C.P., C.P.H.

†BARBARA J. NEWMAN, M.B., B.S.

Consultant Chest Physician: G. H. C. WALMSLEY, M.B., Ch.B., D.P.H.

Public Analyst: †T. E. RYMER, F.R.I.C. (appointed 1/1/1961)

Veterinary Officer: †S. GOURLEY, M.R.C.V.S.

Chief Public Health Inspector: R. S. CROSS, F.R.S.H., F.S.I.A.

Chief Nursing Officer: Mrs. E. BEITH, S.R.N., C.M.B., (Part 1) H.V. Cert.
(appointed 1/10/1961)

Superintendent Health Visitor: Miss E. PATTERSON, R.S.C.N., S.R.N., S.C.M.,
H.V. Cert. (retired 30/9/61)

Superintendent Midwife: Miss E. HEATH, S.R.N., S.C.M., Q.N., M.T.D.

Chief Mental Welfare Officer: T. RASMUSSEN

Chief Ambulance Officer: A. J. SUMPTER, F.I.A.O.

Domestic Help Supervisor: Miss M. I. HUMPHERSON

Chief Clerk: R. W. GRUTCHFIELD (retired 30/6/1961)

R. ASPDEN, D.P.A. (appointed 1/7/1961)

†Part-time.

VITAL AND GENERAL STATISTICS, 1961


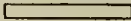
Home population	Census...	...	...	...	...	...	...	162,757
	Mid-year (Registrar-General's estimated figure)	...	...	...	...	...	...	161,690
Area (in acres)	...	...	...	...	...	...	...	14,613
Number of houses 31st March (rate books)	...	...	...	...	...	...	...	51,061
Rateable value	...	...	...	...	...	...	...	£3,853,456
Sum represented by a penny rate...	...	...	...	...	...	...	...	£15,700

Marriages, 1,297. Rate per 1,000 population, 8.02.

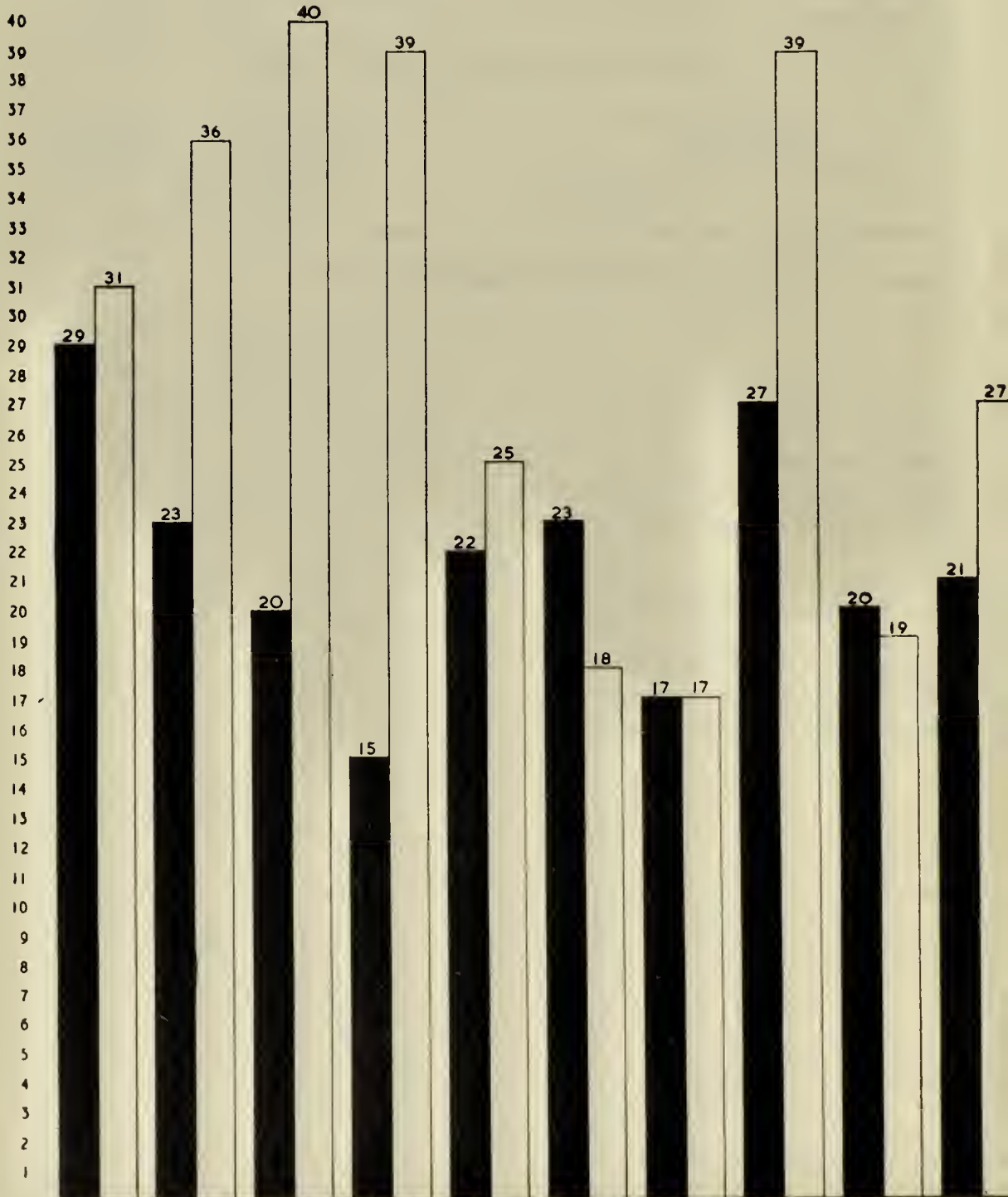
Live births:					Males	Females	Total
Legitimate	...	...	...	...	1122	1000	2122
Illegitimate	...	...	...	...	113	109	222
					1235	1109	2344
					Area comparability factor (births)		Adjusted birth rate
Live birth rate (per 1,000 population)					14.50	1.06	15.37
Illegitimate live births per cent of total live births					...	...	9
					Rate per 1,000 (live and still) births		Rate per 1,000 population
Stillbirths—total					32	13	0.20
Total live and stillbirths					2376		
Infant deaths (legitimate 45; illegitimate 6)					...	...	51
Infant mortality rate per 1,000 live births—total					...	...	22
" " " " " legitimate live births					...	...	21
" " " " " illegitimate live births					...	...	27
Neonatal mortality rate per 1,000 live births					...	...	17
Early neonatal mortality rate per 1,000 live births					...	...	15
Perinatal mortality rate per 1,000 live and still births...					...	...	28
Maternal deaths (including abortion)					...	...	1
Maternal mortality rate per 1,000 live and still births...					...	...	0.42
					Area comparability factor (deaths)		Adjusted death rate
Deaths					2,500	...	...
Death rate (per 1,000 population)					15.46	0.78	12.06
Deaths from cancer, Males 264; Females 239					...	...	Total 503
					Percentage of all cancer deaths		
Cancer of lung: Male					92	35	...
Female					27	11	...
Deaths from measles (all ages)					...	...	1
" " whooping cough (all ages)					...	...	—
" " diarrhoea (under 2 years of age)					...	...	—
" " diphtheria (all ages)...					...	...	—

DEATHS OF INFANTS

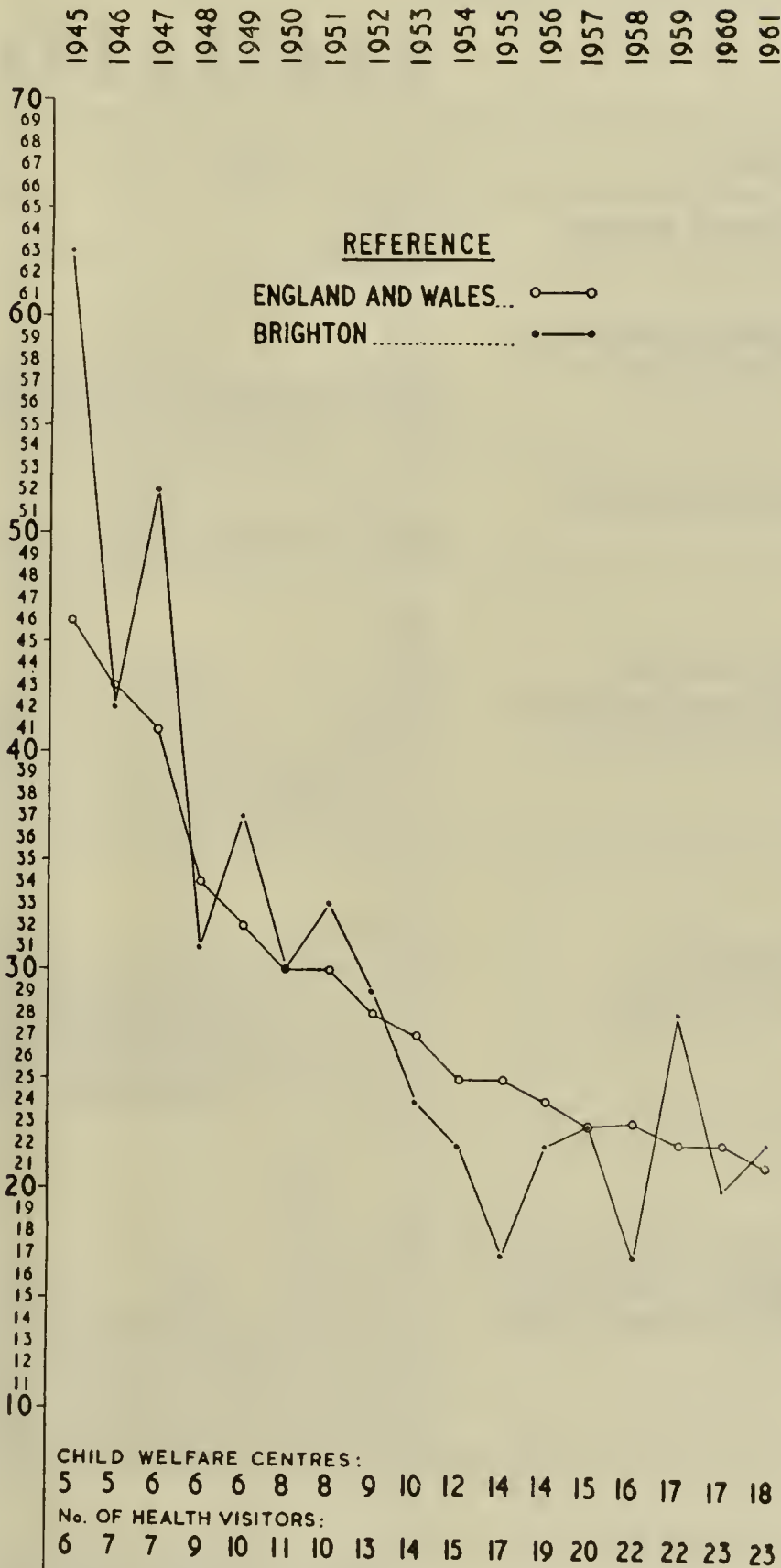
RATE PER 1,000 ADJUSTED LIVE BIRTHS

LEGITIMATE — 
ILLEGITIMATE — 

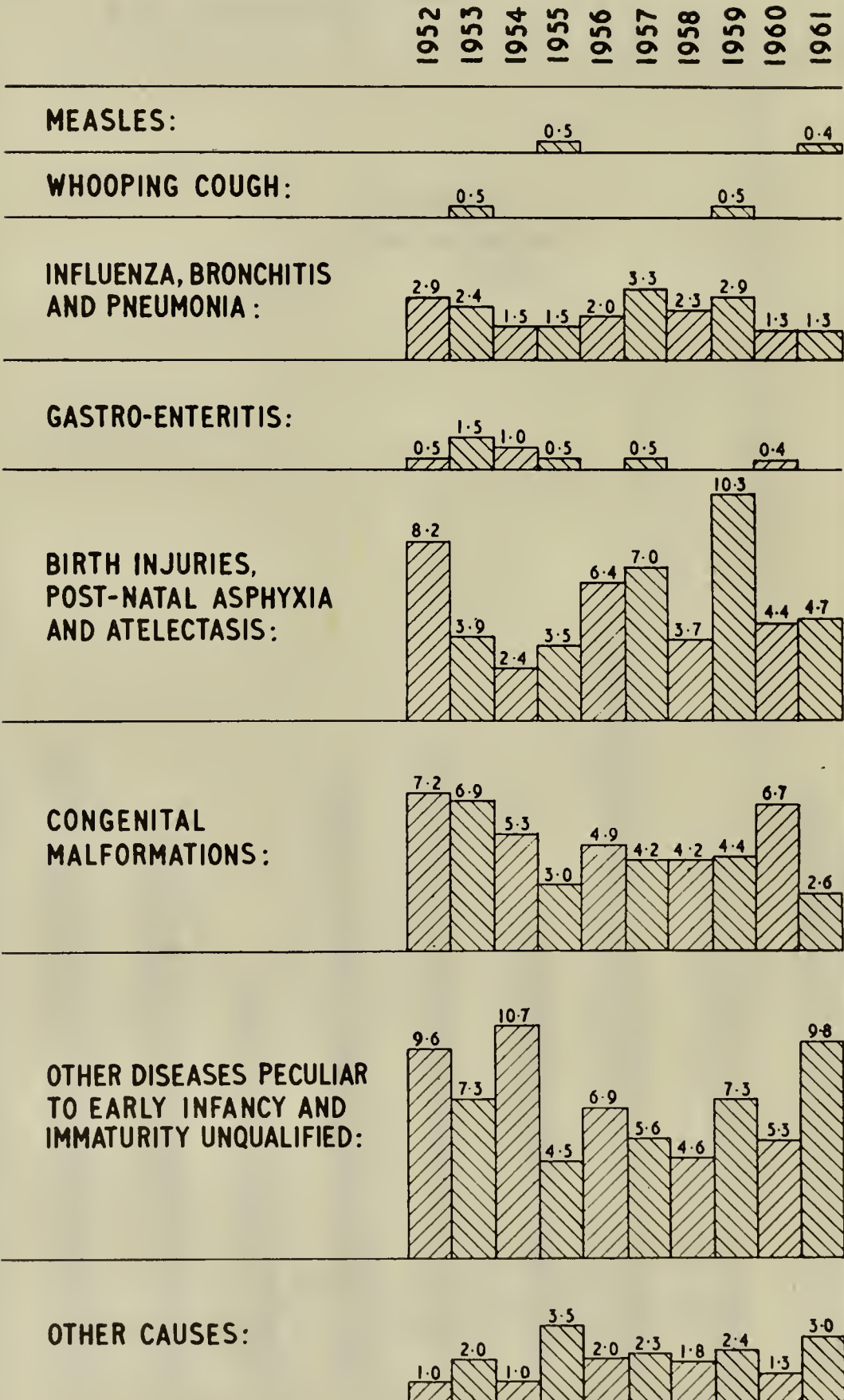
1952 1953 1954 1955 1956 1957 1958 1959 1960 1961



INFANT MORTALITY



INFANT MORTALITY

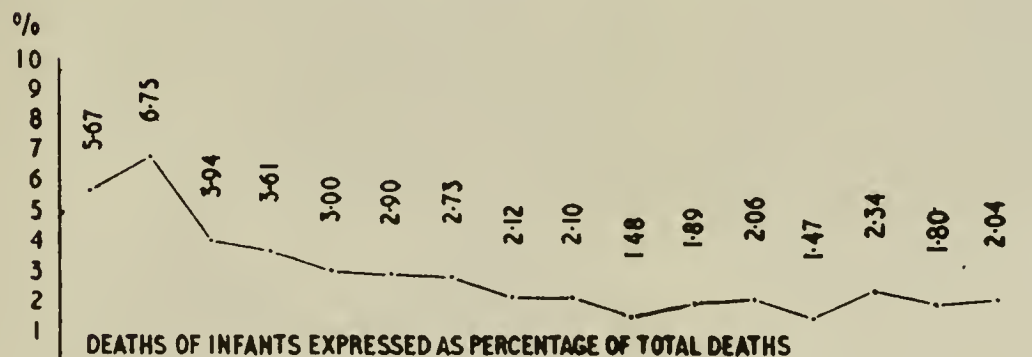


DEATH RATES CHANGES

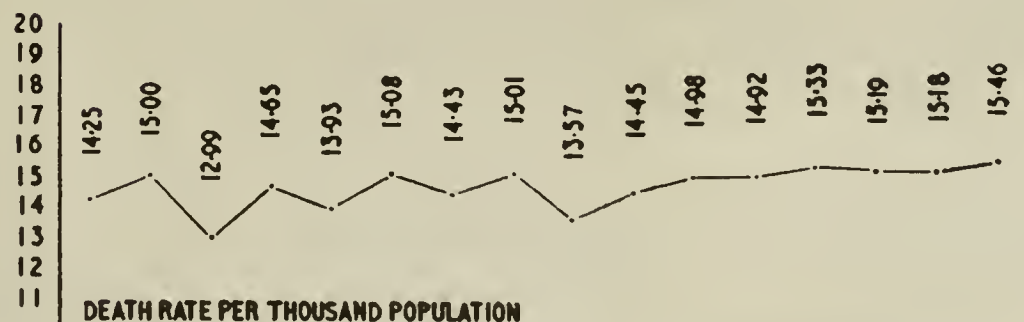
DEATHS
65 YEARS AND OVER
EXPRESSED AS
PERCENTAGE OF
TOTAL DEATHS:



DEATHS OF INFANTS
EXPRESSED AS
PERCENTAGE OF
TOTAL DEATHS:



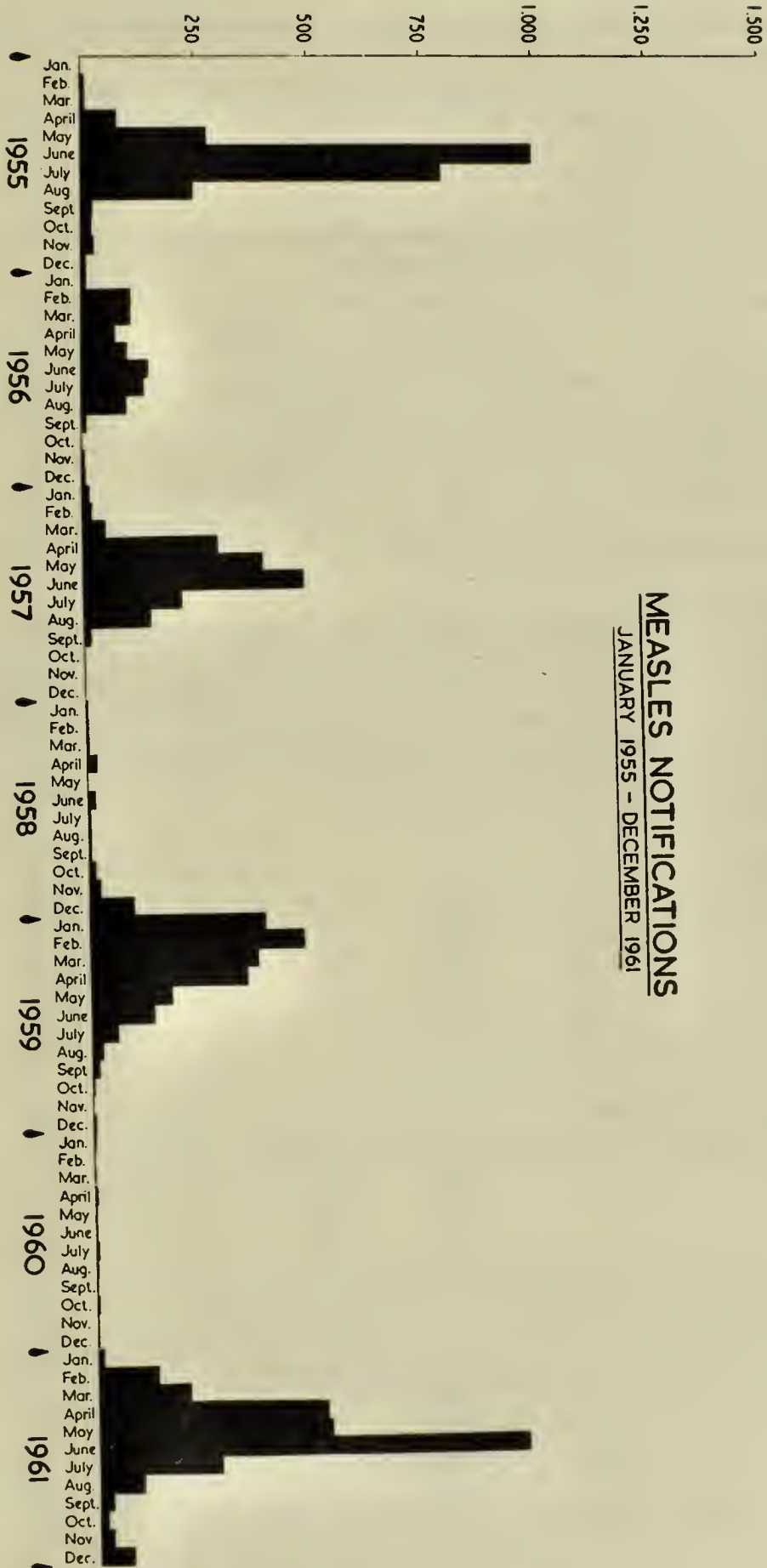
DEATH RATE:



INFANT MORTALITY, 1961.—*Net Deaths from stated causes at various ages under One Year of Age.*

CAUSE OF DEATH	Total under 4 Weeks										Total Deaths under one Year																						
	Under 1 Week		1—2 Weeks		2—3 Weeks		3—4 Weeks		Total under 4 Weeks		1—2 Months		2—3 Months		3—4 Months		4—5 Months		5—6 Months		6—7 Months		7—8 Months		8—9 Months		9—10 Months		10—11 Months		11—12 Months		Total Deaths under one Year
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hernia of abdominal cavity	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital malformations	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Post-natal asphyxia and atelectasis	3	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Intracranial and spinal injury at birth	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other diseases of lung and pleural cavity	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Immaturity	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Asphyxia due to inhalation of food	11	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other birth injury	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Accident	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ill defined diseases peculiar to early infancy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	17	18	1	1	1	1	1	19	20	1	1	1	3	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	51

NUMBER OF NOTIFICATIONS PER MONTH



MEASLES NOTIFICATIONS

JANUARY 1955 - DECEMBER 1961

INFECTIOUS DISEASE AND EPIDEMIOLOGY

The following figures show the incidence of infectious diseases notified to this department during 1961.

Infectious diseases diagnosed in hospitals within the Borough are required by order of the Registrar-General *to be notified by that Authority irrespective of whether or not the person is normally resident within the area.* This accounts for a number of cases included in the figures set out below and coming from addresses outside the Borough.

It will be seen that whilst in some infections the number notified showed a decrease, others increased, notably measles.

Disease	1961	1960	Disease	1961	1960
Scarlet fever	73	94	Measles	2857	29
Poliomyelitis	1	4	Puerperal Pyrexia... ..	50	62
Ophthalmia neonatorum	12	19	Dysentery	11	145
Acute pneumonia	72	69	Erysipelas	17	15
Paratyphoid	—	1	Food poisoning	45	51
Whooping cough	97	204	Acute encephalitis... ..	3	1

Acute Poliomyelitis

On 21st May, the Health Department were informed that a girl aged 11 years was unwell. On investigation the patient had sickened with a febrile illness on 5th May. Five days later paralysis of the left leg was noted. A clinical diagnosis of paralytic poliomyelitis was made on the 19th May. Virological confirmation was obtained with the isolation of poliovirus type 3. This child had received three doses of the appropriate vaccine. No tangible links from the epidemiological aspect could be demonstrated.

Scarlet Fever

Seventy-three cases were notified.

1958	83
1959	181
1960	94
1961	73

Four patients were admitted to hospital.

Ophthalmia Neonatorum

The increase noted in my last report was reduced.

1958	3
1959	2
1960	19
1961	12

83 per cent of cases occurred in hospital.

Whooping Cough

There was a decrease in the number of cases notified.

1958	198
1959	118
1960	204
1961	97

Two patients were admitted to the isolation hospital.

Measles

There was a considerable increase in the notifications as will be seen by the diagram:

1955	2,548
1956	791
1957	1,636
1958	196
1959	1,969
1960	29
1961	2,857

Distribution of measles cases by quarters

	M	F	Total
1st January—31st March ...	248	224	472
1st April—30th June ...	1,009	865	1,874
1st July—30th September ...	199	190	389
1st October—31st December ...	65	57	122
Total ...	1,521	1,336	2,857

From this table and the diagram it is noted that the highest incidence occurred during the month of June.

Distribution of measles by Age, Group and Sex

	M	F	Total
Under 1 year ...	51	44	95
1 year ...	150	116	266
2 years ...	182	166	348
3 years ...	171	164	335
4 years ...	217	168	385
5 years—9 years ...	675	622	1,297
10—14 years ...	48	33	81
15—24 „ ...	24	12	36
25+ ...	3	11	14
Total ...	1,521	1,336	2,857

71 cases were removed to hospital.

Food Poisoning

During the year 85 cases of suspected food poisoning (1960—79) were notified. Five patients were removed to hospital. After investigation by the Health Department and examination of specimens by the Public Health Laboratory Service the confirmed figure was 45 (1960—51).

	<i>Suspected cases</i>	<i>Confirmed cases</i>
1959 ...	164	82
1960 ...	79	51
1961 ...	85	45

The agents identified:

<i>Salmonella typhi murium</i>	...	...	...	...	...	7
"	"	"	1a var. 1	...	...	9
"	"	"	1a var. 2	...	...	2
"	"	"	2c	...	...	7
"	"	"	4	...	...	1
"	"	"	9	...	...	3
"	"	"	29	...	...	1
"	"	"	U59	...	...	3
"	"	"	U72	...	...	1
<i>Salmonella cholerae suis</i> var. <i>kunzendorf</i>	...	...	...	...	...	1
<i>Salmonella derby</i>	...	...	...	...	...	1
<i>Salmonella Heidelberg</i>	...	...	...	...	...	1
<i>Salmonella kiambu</i>	...	...	...	...	...	1
<i>Salmonella Menston</i>	...	...	...	...	...	2
<i>Salmonella Montevideo</i>	...	...	...	...	...	1
<i>Salmonella Thompson</i>	...	...	...	...	...	1
<i>Salmonella Thompson phage type 4</i>	...	...	...	...	...	1
<i>Clostridium Welchii</i>	...	...	...	...	...	1
<i>Agents not identified</i>	...	...	...	...	...	1

(1) *School Outbreak*

On Monday, 2nd October, 1961, the Health Department were informed of an outbreak of illness by the manager of a local butcher's shop. Officers of the department visited a large school at which both residential and day pupils attended. On investigation 139 individuals had been taken ill on the Sunday evening. The main features were abdominal pain and diarrhoea. Faeces specimens were taken from selected cases and *Clostridium Welchii* was isolated from all. It was apparent from the time of incubation that the Sunday lunch meal was suspect. Rolled salted boiled beef had been served at this meal. Cooking and cooling of this joint was insufficient. *Clostridium Welchii* was isolated from samples of the joint. (See also p.62).

2. *Sporadic Cases*

- During the months of June and July, six cases were confirmed as food poisoning due to *Salmonella typhi-murium phage type 1a, var. 1*.
- During the months of September and October six further cases were confirmed as food poisoning due to *Salmonella typhi-murium phage type 2c*.

In both these episodes, intensive investigation revealed that products of the bakery trade were common to all cases. Unpasteurized frozen whole egg was an ingredient in some of these products.

For the last three months of the year selective samples of frozen whole egg for bacteriological examination were obtained from bakeries within the Borough. The organisms *Salmonella typhi-murium phage type 1a, var. 1* and *2c* were isolated on several occasions.

It is plausible to assume that there is a link between the isolation of these organisms from frozen whole egg and the occurrence of individual sporadic cases of food poisoning. (See also p.73).

Influenza

Towards the end of the month of January it was apparent that an upper respiratory illness was reaching epidemic proportions. In order to ascertain the true nature of the condition from an epidemiological aspect, three family doctors were approached. Their practices covered the east, north and central areas of Brighton. Accordingly, when a patient was in the early stages of clinical influenza, appropriate samples were obtained. A throat swab was

taken, placed in laboratory broth and deep-frozen immediately. In addition a specimen of blood was procured. These samples were submitted to the Public Health Laboratory Service. Two to three weeks later a second blood specimen was made available.

The results of these investigations were as follows:

				Throat swab	Virus serology
Positive to <i>Influenza Virus A</i>	...	...		6	8
Negative to <i>Influenza Virus A</i>	...	...		3	1
				—	—
				9	9
				—	—

Thus in eight cases out of nine there was virological confirmation of the clinical diagnosis.

From this sample group of cases it is reasonable to assume that *Influenza Virus A* was prevalent in Brighton during this period.

Infective Hepatitis

From the end of the month of September several family doctors have kindly informed me about patients suffering from this condition. Twenty-seven such patients came to my notice, fourteen of whom were resident in the Moulsecoomb area. The remaining patients were from Kemp Town, Hollingbury and Coldean.

Venereal Diseases

New local cases treated at the Brighton Special Treatment Centre:

				1961		1960	
				M	F	M	F
Syphilis	...	...	...	11	10	8	5
Gonorrhoea	...	...	...	95	14	96	26
				<hr/>		<hr/>	
				106	24	104	31
Other conditions	...	...	...	252	91	225	81

The total number of patients attending the Brighton Centre for the first time was 1,027.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal and Post-Natal Clinics

				<i>Number of Brighton cases attended</i>			
				Ante-Natal Attendances		Post-Natal Attendances	
Brighton General Hospital	...	...	...	1016	10712	789	789
Sussex Maternity Hospital	...	...	...	1563	8782	657	807
Municipal Clinics	...	...	...	966	4420	63	70

Ante-natal relaxation and post-natal exercises are taught in all the clinics.

PREMATURE BIRTHS

Arrangements are in force whereby the weights of all children born are entered on the notification of birth cards, where the weight is 5½ lbs. or under. Special visits are made and, where necessary, premature babies can be admitted to the Royal Alexandra Hospital for Sick Children. A supervision of records of these babies is maintained by the Health Visitor in co-operation with the Senior Assistant Medical Officer for Maternity and Child Welfare.

Premature Live Births (5½ lbs. and under)									Premature Still-Births	
Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home
Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days		
149	19	123	13	—	13	2	—	1	17	—

Cold injury in the newborn

For several years, following observations made by Dr. Trevor D. Mann, Consultant Paediatrician of the Royal Alexandra Hospital for Sick Children, the midwives and health visitors have made a special point of advising mothers about the importance of warmth for the newborn, particularly if immature.

A supply of paraffin convector heaters is kept in the Department and these are supplied to households where parents are unable to provide adequate heating.

Puerperal Pyrexia Regulations, 1951

The 50 cases notified all recovered. A register of cases is maintained in the Child Welfare Section and all notifications scrutinised and supervised.

Family Planning Clinic

Two sessions are held each week at the Sussex Street Centre, one morning and one evening. Brighton residents attending on medical grounds numbered 56, of which 13 were new.

Care of Unmarried Mothers and Their Babies

The Council contributes to the funds of the Chichester Diocesan Moral Welfare Association and in addition contributes to the maintenance of Brighton women and their babies for the necessary duration of their stay in Homes. The Association also provides the services of Social Workers.

Analysis of work carried out in the Brighton Borough during the year

Total number of cases referred to the Association's social workers: 239 (290 in 1960).

Unmarried mothers ...	...	...	...	...	191 (252 in 1960)
Matrimonial problems ...	...	...	...	...	8 (3 in 1960)
Young people... ..	...	...	...	...	14 (4 in 1960)
Miscellaneous family problems ...	...	...	...	...	4 (6 in 1960)
Adoption enquiries ...	...	...	...	...	22 (25 in 1960)
Cases referred in 1960 still in hand	...	...	...	...	100

Unmarried mothers and illegitimate children

New applications ...	...	191
In hand ...	...	75
		—
		266
		—

Referred by

Hospital Almoners	94
Health Visitors	12
Doctors	15
Statutory Social Workers	18
Voluntary Social Workers	20
National Council for the Unmarried Mother and her child	8
Clergy	1
Moral Welfare Workers	13
Employers	7
Personal application	1
Others	2
	<hr/>
	191
	<hr/>

THE MOTHERS

Marital Status

Single	154
Married	12
Separated... ..	16
Divorced	7
Widowed	2
	<hr/>
	191
	<hr/>

Domicile

Home in area	141
Home outside	*50

(*This figure does not include girls admitted to Garton House from other areas).

Education

Secondary Modern	127
Grammar School... ..	22
Private (Day)	1
Convent	7
Technical College	2
University	1
Unknown... ..	31
	<hr/>
	191
	<hr/>

Religion

Church of England	100
Free Churches	9
Roman Catholic	21
Unknown or of no stated religion	61
	<hr/>
	191
	<hr/>

Ages

15 years	11
16 „	17
17 „	14
18 „	19
19 „	15
20 „	19
21-30 years	74
31-40 „	20
Over 40 years	2
	<hr/>
	191
	<hr/>

Countries of origin other than Great Britain:

Ireland	6
India	1
Ceylon	1
West Indies	4

THE PUTATIVE FATHERS

Marital Status

Single	83
Married	26
Separated... ..	18
Divorced	3
Unknown... ..	61

191

Countries of origin other than Great Britain

Ireland	10
Italy	2
West Indies	4
Ghana	1
Australia	1
Cyprus	2
Ceylon	1
Pakistan	3
Greece	1
Hungary	3
Vietnam	2

Ages

16 years	5
17 „	7
18 „	9
19 „	8
20 „	8
21-30 years	64
31-40 „	8
Over 40 years	8
Unknown... ..	74

191

Ways in which unmarried mothers have been helped

By admission to voluntary homes and hostels	39
„ provision of clothing, cots, prams, etc.	18
„ finding lodgings for mothers	10
„ finding foster-mothers for babies	17
„ finding work for mothers	2
„ helping mothers to obtain affiliation orders	35
„ helping to arrange private agreements	1
„ obtaining financial help through voluntary societies	9
„ advice and guidance on questions of adoption, affiliation, matrimonial difficulties and personal problems	187
„ helping in adoption arrangements through the adoption society	23

Research

Members of the health visiting staff have taken an active part in surveys organized on a national scale to provide more information on such subjects as leukaemia, poliomyelitis and artificial feedings of babies.

Phenylketonuria

A simple urine test can detect this rare but very distressing disease in the first few weeks of life, when it is amenable to treatment. This test is now available for all children born in the borough and is performed by the Health Visitor.

Early Detection of Deafness

In order that children with defective hearing can benefit from the training facilities and hearing aids now available a scheme has been introduced for testing the hearing by the Health Visitor of children at risk before they are a year old.

Ophthalmia Neonatorum

See p.39.

Child Welfare Centres

At the end of the year there were 18 child welfare centres. Two centres have two sessions a week, 14 have one session a week and two centres have one session a fortnight.

Analysis of gross attendances:

			Number	Attendances
Children 0-12 months	...	...	2,951	25,424
1-5 years	...	...	1,692	11,097

Mobile Clinic (see also pages following 25)

In order to meet the demands for child welfare centres, in areas where premises are not available, a Mobile Clinic has been provided. The Westdene area is already benefiting from this project.

Apart from child welfare this unit can also be adapted for mass immunisation, school medical inspections and ante-natal clinics.

ORTHOPAEDIC SERVICE

Of the 339 children under 5 years treated at the Orthopaedic Clinic during the year, 50 were new cases seen by the Surgeon, 88 were re-examinations to the Surgeon's clinic. One child was admitted to the Royal National Orthopaedic Hospital, Stanmore. The total number of attendances at the Orthopaedic Clinic was 1,246.

Dental Treatment

One session per week was reserved by the Principal School Dental Officer and by each of the three School Dental Officers for the treatment of mothers and children under 5 years of age.

X-rays are carried out at the School Clinic.

By arrangement a private dental technician supplies dentures as required and the necessary work is carried out in his workshop.

(a) Numbers provided with dental care:

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	20	20	20	13
Children under five ...	308	80	73	59

(b) Forms of dental treatment provided:

	Extractions	Fillings	Scalings or scaling and gum treatment	Silver nitrate treatment	General Anaesthetics	Dentures Provided	
						Complete	Partial
Expectant and Nursing Mothers	62	20	112	—	7	2	3
Children under five	37	84	563	53	21	—	—

Deprived Children

Close co-operation is maintained with the Children's Officer who notifies the Health Department whenever a deprived child under five is moved to a new address. This enables the Health Visitor to pay routine visits as required for all children of this age group.

Under existing arrangements, visits are paid to establishments where the well-being of deprived children is in doubt. Special examinations of children are made at the request of the Children's Officer.

Nurseries and Child Minders Regulations Act, 1948

There are on the register three child minders who for reward are able to receive into their premises 33 children under the age of five years to be looked after for the day.

Three private day nurseries are on the register.

Day Nurseries are visited periodically by a Medical Officer and a Health Visitor to ensure that the regulations under the Act are complied with.

Municipal Day Nursery

The Brighton Corporation maintains the Manor House Day Nursery. There is accommodation for 12 children from 9 months to 2 years of age and 24 children from 2 years to 5 years of age. The average daily attendance was 23. Number of children on register 33.

Charges, assessed according to income, vary from 1/6 to 5/- per day.

Weekly visits are made by a Senior Assistant Medical Officer.

Sixty children left the nursery during the year, 24 to enter school, 10 moved from the district and the remainder for a variety of reasons.

Welfare Foods

				Issues	
				1960	1961
Orange juice, bottles ...	...	...	70,750	69,107	44,397
Cod liver oil, bottles ...	...	...	7,851	7,949	6,037
A & D tablets, packets ...	...	...	6,895	7,542	6,003
National dried milk, tins ...	...	...	42,701	37,659	33,807

There has been a considerable decrease in the sales of orange juice, cod liver oil and A & D tablets following the increased charge for orange juice and the imposition of a charge for cod liver oil and A & D tablets from June 1961. The sales of National dried milk continue to drop, apparently due to an earlier change-over to liquid milk and to an increase in the purchase of proprietary brands of dried milk.

Vitamin supplements

For those children who are unable to take cod liver oil and orange juice alternative preparations in the form of A & D drops and rose hip syrup are now available at all child welfare centres.



Mobile Clinic. The towing vehicle is fitted as a waiting-room.



"Evening Argus" photograph

MIDWIFERY

DOMICILIARY MIDWIFERY SERVICE

Staff

One Superintendent and ten midwives. One Senior Midwife acts as Deputy Superintendent.

Three midwives attended refresher courses as required by Rule 63 of the Central Midwives Board.

Student Nurses from the Royal Alexandra Children's Hospital continued to visit patients with the midwife to observe care of mothers and babies at home.

Mothercraft

Mothercraft classes continued to be held. The number attending was 74 (55 in 1960).

Ante Natal Clinics

9 Sessions held by midwives—weekly.

5 at Sussex Street.

1 at Moulsecoomb.

1 at Whitehawk.

2 at Woodingdean.

Number of mothers delivered 535.

Live Births: 531. Stillbirths: 4.

Medical aid was required for 189 patients as follows:

During Pregnancy

Early rupture of membranes ...	3
Pre-eclamptic toxæmia... ..	19
Ante-partum hæmorrhage ...	13
Rh. antibodies	1
Post-maturity	3
General illness	12

In labour

Foetal distress	8
Premature labour	16
Malpresentation	14
Delay in labour	8
Retained placenta	5
Ruptured perineum	35
Twin pregnancy	2
Post-partum hæmorrhage ...	8

Infant

Prematurity	1
Asphyxia	4
Malformation	5
Ophthalmia	3
Cord infection	1
Skin lesions	1
Vomiting	4
Pyrexia	1
General illness	14

Puerperium

Suppression of lactation ...	1
Pyrexia	7

The Emergency Obstetric Unit was called out twice for cases of post-partum hæmorrhage; the mothers responded well. The unit is staffed by a doctor and nurse from the Brighton General Hospital conveyed by municipal ambulance carrying special equipment, including blood for transfusion.

The Domiciliary Midwives continued to care for 224 mothers and babies discharged from hospital early in the puerperium.

Distribution of Midwifery Cases

Hospitals and Nursing Homes	Number of Midwives Practising	Number of beds	Number of deliveries from Brighton		Total number of deliveries		Total of all cases
			Doctor present	Doctor not present	Doctor present	Doctor not present	
Brighton General	19	64	175	887	233	1142	1375
Sussex Maternity	25	62	96	651	231	1086	1317
TOTAL ...	44	126	271	1538	464	2228	2692
Domiciliary	9	—	262	273	262	273	535
Municipal Midwives	2	—	1	1	1	1	2
Private Midwives							
TOTAL ...	11	—	263	274	263	274	537

Midwives Act

Under the Rules of the Central Midwives Board 56 midwives notified the Local Authority of their intention to practise within the Borough.

Maternity Liaison Committee

The resolution of 1956 has now been implemented. Two Senior Officers of the department have been appointed members of the Maternity Liaison Committee, the object of which is to solve some of the mutual problems of Hospitals, Family Doctors and Public Health Departments in relation to midwifery.

Midwives' Cars

All the midwives drive, 3 having their own cars and 7 having Corporation vehicles (including 3 mini-vans). Two of the vehicles have been fitted with radio telephone directly linked to the Emergency Telephone Service. This equipment is already proving extremely valuable.

HEALTH VISITING

The Superintendent Health Visitor retired on 30th September after 8 years' service. Under the original scheme for the National Health Service the Brighton Health Authority proposed to appoint a Chief Nursing Officer. This was implemented following the retirement of the Superintendent Health Visitor. At the same time the present Senior School Health Visitor was appointed Deputy Chief Nursing Officer.

The new appointment has resulted in a wider and better co-ordination of the nursing services with improved administrative efficiency and a more effective deployment of staff in the town.

At the end of the year the Health Visitor establishment was as follows:

- 1 Chief Nursing Officer
- 2 Geriatric Health Visitors (one a Senior Health Visitor)
- 3 Chest Clinic Health Visitors (2 full-time, one part-time)
- 17 District Health Visitors (one a Senior Health Visitor and one a part-time District Health Visitor)
- 2 vacancies (one for District, one for Chest Clinic)

A number of part-time Clinic Nurses have also been employed in Child Welfare Clinics, Ante-Natal and Immunisation Clinics and as relief at the Chest Clinic.

Decentralisation of the Woodingdean, Rottingdean, Ovingdean and Saltdean areas took place in January, 1961. The three Health Visitors working in this part of the town have their office in "Hazel Cottage" Clinic.

This arrangement has proved highly successful, and it would be of advantage if similar branch offices could be established in other parts of the town. Daily contact by telephone is maintained with the Health Department, and the Chief Nursing Officer and Senior Health Visitor hold regular weekly discussions.

Seven areas are officially recognised as car areas. Several of the health visitor staff are prepared to use, and indeed, are using, their own cars on duty. The granting of other car allowances would mean a saving of professional time at present spent in travelling instead of at work in the home.

LIAISON WITH OTHER DEPARTMENTS

a. *School Health Service*

Three Health Visitors have continued to undertake School Health Service duties in Infants' Schools, including medical and hygiene inspections.

Two Health Visitors have given series of mothercraft talks to the 14-15 year age groups in Secondary Modern Schools.

b. *Mental Health Section*

From January, 1961, the visiting of subnormal and severely subnormal children up to the age of 16 years has been carried out by the Health Visitors in whose area they reside. Case conferences for the Health Visitors and the Staff of the Mental Health Section have proved most beneficial. Arrangements were well in hand in December, 1961, to commence in-Service training courses for the Health Visitors with the Psychiatrist and Psychiatric Social Worker from St. Francis Hospital.

c. *Chest Clinic*

The work in this section has been maintained by the staff most admirably, under difficult circumstances. Since the resignation of one of the full-time Health Visitors in November, 1961, it has been impossible to fill the vacancy. A State Registered Nurse has acted as relief in the Clinic, and the home visiting has been covered by other members of staff. The Health Visitor employed part-time on Chest Clinic duties also intimated at the end of the year, that she would be going overseas early in 1962.

If difficulty is experienced in filling yet another vacancy, it will be difficult to cover the home visiting without the facilities of a car. Intermittent transport has been available by means of a corporation car, but a definite allocation of a car allowance for the Health Visitor prepared to use her own vehicle would be far more advantageous.

d. *Old People*

In addition to the two full-time Geriatric Health Visitors, the District Health Visitors have continued to pay routine visits to the elderly people resident on their districts. For a period of 6 months at a time one Health Visitor has been seconded to the Geriatric Health Visitors, one day per week, and to act as holiday relief. When a third Geriatric Health Visitor is appointed in the next financial year, this secondment will not be necessary.

CARE AND AFTER CARE

1. *Liaison with Hospitals*

The care and after-care of all sections of the community has been maintained in all cases where information has been available to the department. The weekly ward rounds at the Royal Alexandra Children's Hospital have continued to the mutual satisfaction of both the hospital and the health visiting staffs. The number of Paediatric Clinics at the Sussex Maternity Hospital has been increased to two, the Health Visitor being present at both Consultants' Clinics.

2. *Liaison with General Practitioners*

The need for close co-operation with the general practitioners on all matters concerning their patients cannot be too highly emphasised, and it is pleasing to note how many of the health visitors do in fact, consult with the doctors whenever possible. Several doctors have invited the health visitors to their surgeries for weekly discussions, and the possibility of a pilot scheme for attaching one Health Visitor to a group practice is at present being explored.

3. *Liaison with Others*

Other statutory and voluntary Organisations have contributed greatly to the work of the Health Visitors. I would like to place on record the staff's grateful appreciation of the assistance at all times, of the Home Help Organiser, and our own Social Workers.

HEALTH EDUCATION

The department has worked along the twin lines of individual and general approach. In my opinion the most effective method of teaching has been the Health Visitor's individual education of the mother and child in their own surroundings. The general approach by means of poster, pamphlets and lecture to selected groups has also been continued.

As mentioned previously, talks have been given to senior school children in secondary modern schools.

In addition, lectures have also been given by two health visitors to Student Health Visitors, Queen's Nurses and Hospital Nurses.

Speakers on various subjects connected with health have also been provided throughout the year to give talks and lectures to many organisations. Whenever possible these lectures have been illustrated by the use of visual aids.

Health Education is the concern of *all* sections of the Health Department, and with this thought in mind consideration is being given to the formation of a Health Education team, fully representative, in the forthcoming year. There is a great need to achieve more mass impact, and an extension of combined efforts and methods could achieve this.

STAFF EDUCATION

Three Health Visitors attended Refresher Courses in various parts of the country, organised by the Women Public Health Officers' Association.

Five Health Visitors attended courses of instruction for testing the hearing of babies and young children.

Many of the staff have also attended Group Meetings of the Sussex Group of Almoners, and heard speakers on various topics—hospital consultants, almoners, speech therapists etc.

Students are always welcome for not only do they stimulate the staff, but bring new and young ideas to the department. It has been a pleasure once again to have the Student Health Visitors from the Brighton Training Course for practical training in the clinics and on the districts.

Hospital student nurses, and students from all other professions, have been equally welcomed by the staff.

HOME NURSING

The statutory duty of the Local Health Authority is carried out by the Brighton District Nursing Association (Queen's Nurses).

The establishment is 38 (including 3 Administrative and Supervisory Nursing Staff).

Total number of cases nursed, 3,890 (including 39 tuberculosis).

Total number of visits made, 131,137 (including 1,639 tuberculosis: also included are 46,330 visits for injections).

In the case of sick children the District Nurse visits and where they are very ill or require special care the Assistant Superintendent also visits.

Night sitters were called out on a number of occasions.

707 new patients received nursing equipment on loan.

19 students were trained during the year of whom 6 were for the Brighton area.

The Association's funds were used for helping patients, where there was urgent need, with extra food, coal, personal and bed linen, etc.

The Superintendent comments that the following tendencies continue:

1. The number of cases brought forward each month continues its upward trend, reflecting the increase in the older age group with its larger chronic group.

2. Visits to T.B. patients have considerably decreased, presumably due to the antibiotic drugs being given daily.

3. The use of diuretic and antibiotic drugs makes it possible for many patients to be kept at home with advantage, but the bedridden elderly patient is often in circumstances where there are too few facilities for adequate nursing care or for feeding and/or a lack of willing or able friends and relatives available to care for them. The great need of suitable homes for such patients becomes increasingly apparent.

4. More patients require basic necessities such as towels, flannels, linen and disinfectants to be provided for them. This lack of facilities coupled with the absence of attention between visits tends to decrease the essential satisfactions of nursing and to produce anxiety in both neighbours and nursing staff which in turn affects recruitment of district nurses.

5. As a result of (4) above there is an increasing need for more disposable sheets, towels, etc. which if met will necessitate considerable additional expenditure.

6. The use of part-time nursing staff is increasing and although many of these are very good, it is no longer possible in most cases for the total care of an individual patient to remain the responsibility of an individual nurse. Even with good planning many patients have as many as ten different nurses during the course of a month which is not conducive to good nursing practice. Many full-time employees from hospitals, particularly male staff, are inquiring about

part-time duties and holiday relief posts for their spare time. This trend however is not very helpful as the hours offered vary each week and none has experience of nursing outside hospital, therefore each person would need an in-service training before going on to the district.

7. There has been agitation (especially by male nurses) against split duties and it will therefore be necessary to consider adopting the practice current in many other areas and arrange for straight duties with occasional emergency duty turns. This will mean that the last visit to patients requiring two visits a day will be much earlier in the day than at present.

VACCINATION AND IMMUNISATION

Smallpox vaccination

Record cards were received for 3,173 persons as follows:

	Under 1 year		1-4 years		5-14 years		Total under 15 years		15 years and over
	No.	Percent-age	No.	Percent-age	No.	Percent-age	No.	Percent-age	
Primary ...	808	34.90	654	7.59	175	0.79	1637	4.95	109
Re-vaccination	1	0.04	20	0.23	145	0.66	166	0.50	1261

Facilities for smallpox vaccination for children under five at Child Welfare Centres have been provided since June. This additional service has been responsible for a marked increase in the number of children under 1 protected from this disease.

Diphtheria, whooping cough or tetanus immunisation separately or combined.

	No. who received primary immunisation			No. who received booster injection		
	Age			Age		
	Under 5	Over 5	Total	Under 5	Over 5	Total
Diphtheria only ...	6	21	27	3	178	181
Whooping cough only ...	2	2	4	—	—	—
Tetanus only ...	4	36	40	1	9	10
Diphtheria/Whooping cough jointly ...	36	11	47	9	7	16
Diphtheria/Tetanus jointly ...	44	361	405	128	2035	2163
Diphtheria/Whooping cough/Tetanus jointly ...	2007	166	2173	137	334	471

In addition during the year 63 children received injections but did not complete the course.

When a child is three months old a circular on vaccination and immunisation is sent to the parents. The Health Visitors visit those cases where the child has not been immunised against diphtheria: (1) when about 11 months old and (2) between the ages of 13 and 15 months.

Children under 5 are immunised at the 18 Child Welfare Centres and in addition, a session for school children is held once a week at the School Clinic. Booster injections are given to school children at the primary schools.

Poliomyelitis vaccination

During the year the following protection was given:

Completion of 2 injection course:

Born 1921-1932	...	...	...	...	...	...	2110
Born 1933-1942	...	...	...	...	...	...	1085
Born 1943-1961	...	...	...	...	...	...	2662
Others ...	...	...	...	...	...	...	126
							5983

Completion of 3 injection course:

Undifferentiated by age group	5387
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Completion of 4 injection course:

Undifferentiated by age	8771
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Immunisations by the family doctor are included in the above figures.

Diphtheria Immunisation Campaign

A publicity campaign was arranged in March to remind the public of the importance of protection against diphtheria. Other local authority departments in Brighton co-operated where possible and outside concerns such as the press, the cinemas and business firms were also most helpful.

Disposable Syringes

To limit the hazards of cross-infection disposable syringes have been introduced for certain immunisation procedures.

Yellow Fever vaccination (see p.41)

B.C.G. vaccination (see p. 34 & 35)

AMBULANCE SERVICE

The total number of cases conveyed by the Service was 79,205, an increase of 4,908 over the 1960 figure, with a total mileage of 297,098, but the miles per case journey remained at the 1960 figure of 3.7.

The increase was mainly due to the quicker turnover of hospital beds, and the subsequent need for conveyance to clinics and treatment departments.

The accident and emergency calls increased by 277 to a total of 3,538. These calls were to road, school, beach, home and industrial accidents, together with illness in public places, also urgent life-saving need for emergency hospital admission.

The training school continued the 3rd class driver-attendant course commenced in June 1960, until April 1961, when all staff had satisfactorily completed the course.

From April until the end of November, modern forms of treatment of asphyxia were taught to all staff. This included oral resuscitation and the use of up-to-date mechanical equipment.

When breathing is absent it is most essential that persons on the spot are immediately able to administer simple oral resuscitation during the few minutes before an ambulance arrives. It was appreciated that members of local organisations could considerably assist if present at the scene, provided they were suitably taught.

With this in mind, the service of the Training Officer was given to members of Brighton Police, Brighton Fire Brigade, Health Visitors, Domiciliary Midwives and other members of the Health Department visiting staff, also the Beach Superintendent and Life Guards together with members of the St. John Ambulance Brigade and the British Red Cross Society who perform voluntary first aid duty on the beaches.

Meanwhile the syllabus for the driver-attendant 2nd class course had been prepared and this training commenced in December.

During the Summer about twenty members of the staff voluntarily undertook training in their off duty time as competition teams, and three six-man teams eventually took the first three places in the Buxton Trophy Regional contest held at Worthing when 10 teams competed, thereby holding the Jarvis Trophy for the fifth successive year.

At the Buxton Trophy National Finals held at R.A.F., Stanmore Park, Middlesex in October, Brighton Ambulance Service were runners-up to Exeter City Police.

Having competed in the Finals for five successive years, the Service results have been as follows:—1957-11th, 1958-winners, 1959-joint winners with Betteshanger Colliery, 1960-runners-up, 1961-runners-up, and each year the teams have been changed in order to spread the circle of interest and gain general experience.

A total of 354 persons from 26 organisations visited the Ambulance Station to receive a talk on the Service and to inspect the Station and vehicles.

On nine occasions Officers of the Service attended organisation meetings to give talks and show the Health Department film.

I gratefully acknowledge the continued assistance of the voluntary members of the British Red Cross Society and St. John Ambulance Brigade in acting as escorts to patients sent by railway.

(For statistics of this Service, see p. 48).

PREVENTION OF ILLNESS, CARE AND AFTER-CARE—TUBERCULOSIS:

	Deaths 1961	Rate per 100,000 population	No. of New Cases 1961	Rate per 100,000 population
Pulmonary tuberculosis	11	6.80	75	46.38
Non-pulmonary tuberculosis	—	—	3	1.86
All forms	11	6.80	78	48.24

The eleven deaths which occurred in Brighton, and which is the lowest number ever recorded, contrasts strikingly with the 64 deaths which occurred in 1949 and the 226 deaths which occurred in Brighton in 1911.

The number of primary notifications of the disease is also the lowest figure recorded since notification was started in Brighton in 1899, Brighton being one of the first two authorities in England and Wales to take this step.

No single measure is responsible for the decline in the number of cases of tuberculosis. Better housing, improved living standards, increased facilities for diagnosis, more effective methods of treatment and wider use of B.C.G. vaccination have all played their part.

Although no country in which tuberculosis has established itself has ever yet succeeded in stamping the disease out, there are now good grounds for thinking that this can be achieved, provided there is no relaxation in the anti-tuberculosis measures, and that steps are taken to stop the importation into the country of cases of active disease.

9 of the total of 11 deaths occurred in hospital; of these 8 died in Brighton hospitals and 1 in another hospital.

11,771 attendances were made at the Clinic during the year, of which 3,310 were by new cases.

60 patients were visited in their own homes and in hospital during the year.

37 artificial pneumothorax refills were done during the year.

610 new contacts to cases of tuberculosis were examined during the year; of these, 6 were found to need institutional treatment on first or subsequent examination.

B.C.G. Vaccination

The Ministry of Health directs that B.C.G. Vaccination should be offered to tuberculin-negative contacts of cases and 274 vaccinations were made during the year at the Chest Clinic.

Home Visits by Tuberculosis Health Visitors (see page 28).

Home Nursing by Queen's Nurses of the Brighton District Nursing Association:

	No. of patients	No. of visits
Pulmonary tuberculosis ...	27	1337
Non-pulmonary tuberculosis ...	12	302
Total ...	39	1639

Rehabilitation

Two cases are maintained at the British Legion Village, Aylesford.

Travelling assistance

Assistance towards the cost of rail fares to visit relatives in hospital was granted in 3 cases.

Occupational Therapy

Three sessions a week are held in the Health Department workroom with a demonstrator in attendance. 35 patients made 1,714 attendances at the 143 sessions held. In addition the demonstrator visited 12 patients in their own homes on 75 occasions.

B.C.G. Vaccination of School Children (12 years of age and over)

	<i>Maintained Schools</i>		<i>Independent Schools</i>	
No. of eligible students ...	3030		1450	
No. of consents received...	2565		883	
No. skin tested ...	2310		860	
Positive reactors to skin test ...	464		186	
Post-vaccination positive ...	56		12	
Vaccinated ...	1652		616	
	1961	1960	1961	1960
	%	%	%	%
Consents received as % of those eligible	84.7	81.2	60.9	60.7
Positive reactors as % of skin tests ...	20.1	17.8	21.6	28.0
Positive reactors + those vaccinated as % of those eligible ...	69.8	71.1	55.3	59.1

The percentage of acceptances has once more increased.

The age for vaccination has been decreased by one year to 12 years and this has increased the numbers of students receiving vaccination by 82% in maintained schools and 228% in Independent schools.

Colleges of Further Education

Many of the present students have received B.C.G. Vaccination at their previous schools. Only 173 consents were received from the four Colleges. Positive reactors were 43% of those skin tested and 46% were vaccinated.

The percentage of positive reactors was high, probably because of increased social contacts, and the large number of overseas students attending these Colleges.

All positive reactors were referred to the Chest Clinic for X-ray, except those from Brighton College, where arrangements had already been made for annual X-rays at the Mass Radiography Unit.

ASSISTANCE FROM THE HEDGECOCK BEQUEST

A substantial sum of money was bequeathed to the Corporation in 1903. The money from the fund, known as the Hedgecock Bequest, is allocated for various purposes. The amount granted to this Department is used mainly for the benefit of patients suffering from tuberculosis and the aged.

Expenditure during the year was as follows:

	£	s.	d.
Hire of coach for summer outing	18	11	9
Chiropody	73	4	11
Repairs to property	2	12	2
Christmas parcels	46	0	0
Books for patient	8	1	6
Maintenance of patient	7	13	0
Care of dog while patient recuperating	3	3	9
Christmas party	2	0	0
	<u>£161</u>	<u>7</u>	<u>1</u>

PREVENTION OF ILLNESS—CARE AND AFTER-CARE—OTHER

Care of the Aged

Number of visits made by the Old People's Health Visitors ...	2,250
Number of special visits made during the week-end care of the old	335
Number of interviews held	534
Contacts made with other agencies	2,104
Almoner's sessions at hospital	196
Requests for Home Help	391
Requests for Meals on Wheels	174
Requests for laundry service	117
Visits to the old people by Social Workers	263
Convalescent holidays arranged for old people	128
Waiting list for Welfare Homes	300

The total number of people known to this Section now is 3,733 which shows an increase of 700 since last year.

A second Old People's Health Visitor, Miss Kasztner, joined the staff in January, 1961. Miss Blizzard joined this Department in December 1960 specially in order to maintain continuity of care of selected cases over the weekend, during holiday periods and in cases of emergency during the week. Her work has proved the necessity for this service and has been invaluable. The cost of providing this extra care on a seven-day week basis is negligible.

Weekly visits have been made to Brighton General Hospital, Royal Sussex County Hospital, Eye Hospital, New Sussex Hospital, and Bevendean Hospital and more often if necessary. A close co-operation with the almoners has prevented many instances of old people returning to a home which has not been prepared, and if necessary has given time to make improvements in the social conditions. A large proportion of aged are referred from the Mental Health Section and much has been achieved by the joint co-operation.

Interviews are being sought more often by relatives young and old and it has been found possible to avert much anxiety and prevent crises by means of constructive help and advice; many of these problems have been closely connected with Part III accommodation and services provided by the Welfare Services in addition to those arranged by this Department. Owing to our close proximity much of this has been discussed at the same interview by asking the representative of the Welfare Services Department to sit in, thus enabling more rapid help to be given. The District Health Visitors have brought many cases to our notice, usually people living alone which appears to indicate that the elderly and the very old are becoming aware of the possibilities of prevention instead of waiting until a serious social upset has arisen.

Many more elderly relatives are having to bear the distressing burden of seriously ill partners or friends in the home for much longer periods than in earlier years, due to the lack of hospital accommodation; they need the support of a helper at short intervals during the day. Quite often on investigation it is found that after the Home Help has left and the Queen's Nurse has made her daily visit, the individual giving care is completely alone from early noon until the following morning. A situation of this kind is particularly distressing where, due to the incapacities of old age (arthritis, loss of faculties and the like) there is also the added encumbrance of the lack of modern facilities such as heating and sanitary arrangements. In many the toilet facilities are outside and the water is down two or three flights of stairs. This, in addition to lack of moral support, ends in the complete collapse of a home which might well have survived with additional assistance. In a situation of this character it is noticed that in the anxiety and agitation an adequate meal is rarely prepared or eaten.

At present a night sitter is only available for the most serious cases. It does not appear to be necessary to have continuous care all night in many instances, and the need could well be met by one or two calls being made during the night. If a service of this kind could eventually be generally provided the fear of leaving an old person alone and the attendant hazards might be averted to a large extent particularly in the mild cases of senile confusion. It was possible to arrange this service on several occasions.

Old people who have suffered short periods of mental disturbance due to physical illness or malnutrition are discharged quickly from the Observation Unit and it is not possible to provide sufficient supervision on returning home. An old person like this is obviously in need of a few weeks of proper feeding and care before being completely well again. They require some frequent visits to see meals are taken or that there is provision of temporary residential care until fit.

This year as in previous years the problem of malnutrition in the elderly is evident. Lack of cooking facilities and bad budgeting or financial difficulties are only off-shoots of the main cause, which is failure in the preparation and cooking of an adequate meal and the lack of encouragement to eat it. The apathy which is found in most of the individuals visited seems to stem from the lack of necessity to cook for more than one, loneliness, and from months and years of eating alone and living on snacks. Home Helps although preparing meals in some cases, may have to leave before the meal is cooked and would not see it eaten. On occasions Meals on Wheels which are provided are left untouched. It would seem that an incentive is required, and it is noticed that where a small, inexpensive, warm cafe is found in the vicinity it is a habit of the residents nearby to go in two or three times weekly. Unfortunately such amenities are few and far between. In cases where a neighbour cooks the dinner it is rarely left: the social call and the conversation that is held during the delivery of the meal might well have provided this incentive to eat.

The Chiropodist sessions have been well attended. As the clinic is near the various other departments concerned with old people, it brings the patients in contact with other services of which they might not be aware.

Baths for a number of old people have been arranged at regular intervals. Convalescent holidays brought considerable relief to relatives as well as bringing a new outlook to the old person.

Owing to the long waiting list for local authority homes, arrangements have to be made for accommodation in private old people's homes.

Difficulties arise in meeting costs as the difference between National Assistance allowances and the charge for the accommodation causes a strain on the resources of the relatives of the old people.

Convalescent and recuperative holidays

The social workers investigated all requests for recuperative holidays. It was agreed to assist cases as follows:

						<i>G.P. referrals</i>	<i>Hospital referrals</i>
Children	...	...	...	...	...	3	—
Mothers and Children—							
Mothers	...	...	...	...	...	1	—
Children	...	...	...	...	...	2	—
Adults	...	...	...	...	...	19	2
Geriatrics	...	...	...	...	...	96	32

Subsequently, arrangements for 6 adults and 25 geriatric cases were cancelled.

The cases were placed in a variety of homes, including private houses and with relatives.

SECTION 47, NATIONAL ASSISTANCE ACT 1948

Mrs. A. aged 78 years

This old lady became known to our department in September 1959. She lived alone as the tenant of a three-bedroomed terraced house in a good vicinity. When first visited the house was neglected and dusty. Mrs. A. herself was active and mentally alert but an extremely independent and stubborn old lady. She had antagonised her family over the years as she refused their offers of the help obviously needed to keep up the standards of personal hygiene as well as her domestic work. As she was physically active and getting about it was decided to try to make some personal contact with a view to persuading her to accept the aid of a Home Help and the possibility of moving to other more suitable accommodation.

She was visited regularly by the Old People's Health Visitor. In May 1960 she became ill and was visited by her family doctor but refused the suggestion of admission to hospital. She agreed to a visit by the Queen's Nurse and had daily help. This continued for about 10 days when Mrs. A. rose from her bed and decided to dispense with all help.

In June 1960 her house became dirty and she started to leave food uncovered in various places; her milk was found left untouched and went sour, and she ceased to take any personal interest in her person. She was visited by the Medical Officer of Health and refused all offers of help. However, as Mrs. A. was still going out and buying food it was decided to continue observation. This was done again by regular visits. She took in a lodger for a few weeks but this was discouraged and the lodger finally left. Mrs. A. had her pension collected weekly as she had by this time become very forgetful and was leaving her money in odd places or losing it during her shopping expeditions. Each time the Health Visitor saw her all offers of help were refused. Mrs. A. would not consider the possibility of a Welfare Home but agreed that she was quite unable to manage the house which was too big for her; she even insisted that she must have unfurnished accommodation. Mrs. A. had at this time received a notice to leave her premises.

In September she was again visited by the Medical Officer of the Department and appeared to be about to co-operate but on the arrival of a Home Help she refused to allow her in. Regular observation visits were made.

In May 1961 the old lady consented to see a Welfare Home but when transport was arranged she refused to go. An unfurnished room was then offered which she viewed and rejected after her visit stating that she had too much furniture and did not wish to part with any. In June 1961 Mrs. A. was taken to see a Welfare Home but when offered a vacancy refused to move. In September 1961 Mrs. A. became extremely filthy in her habits. She began to show signs of slight incontinence. On several occasions pans were left on the stove to burn dry and on one occasion a frying pan caught fire but a visit was being made at the time and it was extinguished.

She was visited again by the Medical Officer of Health and agreed to go to any accommodation offered. On the 6th September 1961 transport arrived to take her to a Home but the vacancy was refused. Within the next few weeks Mrs. A. deteriorated rapidly, often going out into the street and becoming a nuisance to the neighbourhood. She became quite unable to prepare or obtain food for herself.

On the 22nd September an Order was obtained to remove her to a Welfare Home where she has now settled down and is living quite comfortably.

INCIDENCE OF BLINDNESS

I am indebted to the Director of Welfare Services for the following information:

A. *Follow-up of Registered Blind and Partially Sighted Persons*

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends:				
(a) No treatment	6	1	—	28
(b) Treatment (medical, surgical or optical) ...	8	5	—	18
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	2	4	—	17

In the above table the figures given relate to the primary ocular disease given on forms B.D.8, but in

- (i) (a) Complications and sequelae are given in 14 cases, of which 3 are cataract and 11 others.
- (b) Complications and sequelae are given in 12 cases, of which 7 are cataract and 12 others.

Of the 31 cases in 1 (b) of Table A, 24 were already patients at an Eye Hospital and 23 of these continued to attend. One has refused treatment. Of the remaining seven, three have since died. In the case of one man surgical treatment is advised at a later date. Two are permanently resident in hospital and one has refused treatment.

The number of Forms B.D.8 received in respect of persons newly certified as blind or partially-sighted was 66.

B. *Ophthalmia neonatorum*

(i) Total number of cases notified during the year	12
(ii) Number of cases in which:	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year ...	—

EPILEPTICS AND SPASTICS

1. EPILEPSY

At the end of the year 31 epileptics were included on the register of handicapped persons maintained by the Welfare Services Department.

Epileptic Colonies

During the year 1 adult was transferred from the David Lewis Colony to the Chalfont Colony and 3 adults continued to be maintained at the Chalfont Colony. Arrangements were made for the admission of one young man to Chalfont Colony, and after several weeks he was discharged at his own request.

Employment

Four people were in full-time employment.

Educational

One child was attending ordinary school and 2 were maintained at special schools by the Education Authority.

General

Two cases were receiving long-stay hospital care, 2 attended the Welfare Services Department's Craft Centre, and 1 man attended the Health Department's Occupational Therapy Centre.

2. CEREBRAL PALSY

At the end of the year 26 cases were included on the Welfare Services Department's register.

Part III Accommodation

Four adults were maintained in Part III accommodation by the Welfare Services Department and 2 others had been placed on waiting lists for suitable accommodation.

Holidays

The Welfare Services Department arranged and paid for holidays for 5 adults.

Educational

The Education Authority maintained 3 girls at the Chailey Heritage Hospital School.

Appliances

Special "Amesbury Chairs" had been loaned by the Welfare Services Department to 3 children.

OLD PEOPLE'S HOMES

Following applications for registration, a joint inspection by a public health inspector and welfare officer follows with subsequent visits to verify that requests for works to be carried out have been complied with.

YELLOW FEVER VACCINATION

The Vaccination Centre has been open on two afternoons each week. 939 persons were vaccinated against yellow fever in 1961.

CHIROPODY SERVICE

The municipal chiropody service was started in January, 1961, under the provisions of Section 28 of the National Health Service Act. At present the use of the service is restricted to the aged, expectant mothers, and the mentally and physically handicapped. Applications for treatment must be supported by a medical certificate.

The clinic was originally sited on the top floor of Royal York Buildings but in the autumn of 1961 it was transferred to more suitable premises at the Herbert Hone Clinic where the services for aged and mentally handicapped are centred. The service is staffed by one part-time chiropodist who attends at the clinic three days a week and visits patients in their homes on two days. It is hoped in 1962 to meet the expanding demand for the service by making the present chiropodist full-time and by the additional appointment of a part-time chiropodist if the number of patients warrant it.

This service plays a vital part in the care of the aged, who are its main users, as it enables them to remain ambulant. This reduces the demand on other domiciliary services provided by the department and is particularly useful in cases where obesity follows on increasing immobility.

Number of patients in 1961	...	...	...	378
Number of attendances at the Clinic	...	...	...	1,359
Number of domiciliary visits	...	...	...	457

Prior to the establishment of this Service help was provided from a charitable bequest.

DOMESTIC HELP SCHEME

Applicants are assessed for a contribution towards cost on a fixed scale based on the National Assistance rate of benefit. Prior to April, payment was made at an hourly rate and the contribution varied according to the number of hours helped. Since April the charge has been altered so that irrespective of the help received, the contribution will not exceed an assessed fixed amount. Those found ineligible to receive the services of a helper either had relatives or other persons available, or no medical reason for help existed.

Domestic Help Organisers	...	...	...	...	4
Domestic Helpers—Part-time	...	...	...	...	210
Whole-time equivalent	...	...	...	...	105
Applications for assistance received	...	...	...	...	1470
Cases given help:					
Maternity	...	...	...	...	162
Tuberculosis...	...	...	...	...	21
Chronic sick (including aged)	...	...	...	...	1403
Others	...	...	...	...	41
Total cases helped	...	...	...	...	1627

(included above are 718 cases brought forward from 1960)

The Cleansing Centre has undertaken laundering where it was considered necessary, either because of lack of facilities at the home, or the condition of the articles to be laundered.

MENTAL HEALTH

Mental Illness

As forecast in my report of 1960, the number of cases admitted to psychiatric hospitals on an informal basis has risen in proportion to the number admitted on compulsory orders. Also the work of the social workers and mental welfare officers has increased in the field of domiciliary care and after care.

Attention to patients is greatly facilitated by close liaison with the Physician Superintendent of St. Francis Hospital, Dr. R. H. Wheeler, and the Consultant Psychiatrists working at St. Francis Hospital and in the Psychiatric Emergency Unit at Brighton General Hospital, together with the staff of St. Francis Hospital. I am also indebted to Dr. Wheeler for arranging meetings at St. Francis Hospital between local authority staff and hospital staff. These are held once or twice a week for help and guidance on domiciliary care. With Dr. Wheeler's co-operation I have made the preliminary preparations for the establishment of a future Social Club in Brighton. Here some of those who have sought professional psychiatric help can find social contacts and activities which will renew their ability to make personal relationships so that some, at least, may advance towards ordinary occupations. It is anticipated that local authority and hospital staff will together work among this group so that the Club may run smoothly.

Psychiatric Follow-up Clinics staffed by doctors from St. Francis Hospital are now held five times weekly at the Herbert Hone Clinic. 2,718 patients were seen during the year.

Health Department social workers now attend at the weekly *Psychiatric Out-patients Clinics* at Brighton General Hospital. This arrangement is mutually beneficial to the psychiatrist and social worker.

The Occupational Therapy group of mental after-care patients meets three times weekly throughout the year in a room at the top of Royal York Buildings. 147 sessions were held which provided for 1,948 attendances. It is hoped to extend the activities and social contacts available when this group moves next year to the new Social Club mentioned above.

Accommodation in Brighton for ex-mental hospital patients is very inadequate and unless steps are taken to increase it, little can be done to relieve the pressure on beds in mental hospitals. Most of these patients are elderly, mainly women, who have practically no money except a National Assistance allowance. They require kind but firm handling in reasonable living accommodation which is under the supervision and inspection of the local authority. Nursing care and special supervision is necessary for some ex-hospital patients, many of whom are confused to the extent that, inadequately supervised, they wander aimlessly at large and have no sense of danger. As their illness is chronic and progressive, they ought not to take up hospital beds but to live in purpose-built hostels designed to accommodate about 35 patients.

Mental Nursing Homes

45 beds in nursing homes were registered by the Brighton Corporation. Some were for compulsorily detained patients and some for those treated informally. The Health Department has a statutory duty to inspect these homes annually.

Mental subnormality

Work on the new Training Centre at Coldean was commenced in February 1961. By the end of the year the two buildings had not been roofed and, as the winter was a severe one, work could not progress as rapidly as had been hoped. The sloping site added to the building difficulties.

47 Brighton trainees are at present attending the Guardianship Society's Centre in Old Shoreham Road.

Domiciliary visiting to sub-normal children up to the age of 16 years has been placed in the hands of district health visitors, and adult male sub-normal visiting placed on a district basis with four male mental welfare officers. This relieved the special visitor for sub-normals of all but the adult females. This group produces a considerable number of social problems due to the often irresponsible attitude towards work, family and friends. Three adult females and two males were before Brighton Magistrates Court for such crimes as petty pilfering, breaking and entering, etc. and having been remanded to prison for medical reports were found by my approved Medical Officers to need periods of hospital training. Such cases, when discharged, require much support and help for rehabilitation. This, as other problems of mentally disordered persons, is dealt with by the officers either in the patient's own home or at interviews at the Herbert Hone Clinic. 4,890 persons were visited and 1,963 were interviewed at the Herbert Hone Clinic.

Short term care of sub-normal persons

Periods of not more than 8 weeks' short term care can usually be obtained from the Regional Hospital Board in the form of urgent admission where relatives require relief from care. At the 31st December, 1961, there was a waiting list of 10. During the year seven sub-normal persons were admitted to short term care.

Difficulty has been experienced this year owing to the increased number of applications and in consequence it has been found necessary to provide accommodation in such places as holiday homes at a charge to the Health Department for those under 16 years of age.

The holiday home care for the sub-normals and the Welfare Home care of the ex-mental hospital patient would appear to show that there is increased tolerance in the community for many of those who would previously have been considered only as fit for segregation.

Guardianship

At the end of the year there was one sub-normal person under Guardianship.

Examinations and Recommendations under the Mental Health Act 1959

A patient who is thought to need psychiatric treatment is usually seen first by his own general practitioner. In a seaside town like Brighton a patient who is a visitor may have no local doctor. In view of the problem general practitioners in the area were circularised and a panel was drawn up of 27 doctors who were willing to be called on to make examinations in such cases.

Seven doctors with special psychiatric experience have been approved by the Brighton Local Health Authority for examination of patients to be compulsorily detained or placed under Guardianship under the Act.

NURSING HOMES

All registered nursing homes within the Borough were visited during the year. Defects and deficiencies were brought to the attention of the nursing home keepers. An analysis was made at the time of each visit of the diseases which necessitated the patient being cared for within such a unit.

Distribution of Nursing Home Patients by Disease, and by Degree of Activity

<i>Disease Group</i>	<i>Ambulant</i>	<i>Semi-Bedridden</i>	<i>Completely Bedridden</i>	<i>Total</i>
Central Nervous System	7	11	8	26
Heart Conditions	5	6	5	16
Cancer... ..	2	2	11	15
Post-Operative	4	8	2	14
Old Age	71	36	17	124
Social Grounds	11	1	3	15
Rheumatism	5	3	3	11
	105	67	49	221

124 patients (56%; 1960-57%) were in a nursing home on account of their age, 71 of whom were ambulant. 116 patients (52%; 1960-59%) were bedridden.

The registrations of three nursing homes were cancelled during 1961.

The number of nursing homes on the register at the end of the year was as follows:

Maternity Homes	Nil
Other Homes	15
Total number of beds... ..	272

(For Mental Nursing Homes see p. 42).

NURSES' AGENCY

At the end of the year there were 28 State Registered Nurses and 3 State Enrolled Nurses on the register of the one licensed agency.

VERMINOUS CASES

Individual verminous cases cleansed were as follows:

Cleansing Centre	30
Welfare Services premises	—
School Clinic Centre	997

REHOUSING ON MEDICAL GROUNDS

Applications for re-housing on medical grounds are scrutinised and after inspection of the property the comment of the Medical Officer of Health is considered by the Housing Committee. The applications are limited to those already on the housing list or in Corporation houses.

BRIGHTON PUBLIC MORTUARY

During the year 276 deceased persons were removed to the Public Mortuary and 270 post-mortem examinations were made.

The new Public Mortuary is under construction on a site at the entrance to the Extra Mural Cemetery, Lewes Road, and will be ready for use to replace the old building by July, 1962.

CREMATIONS AT MUNICIPAL CREMATORIUM

During the year there were 1,618 cremations compared with 1,630 in 1960. There is also a private crematorium with its own medical referees.

WATER

I am obliged to Mr. F. Needham Green, B.Sc. (Eng.), A.C.G.I., M.I.C.E., A.M.I.Mech.E., A.M.I.W.E., F.G.S., Waterworks Engineer, for the following details of the Brighton Waterworks Undertaking.

1. The water supply of the area has been satisfactory in quantity and quality.

2. Bacteriological examinations of both raw and treated waters were made at weekly intervals in the Department's laboratory except in certain instances where bacterial pollution was present in the raw waters, when samples of both raw and chloraminated waters were examined daily. The total number of raw and treated water samples examined from each of the Pumping Stations, together with a summary of the bacteriological results obtained, is given below.

Number of Samples Examined	No. showing presence of Coliform Organisms in 100 ml. or less	No. showing presence of Faecal Coli in 100 ml. or less	No. showing Coliform Organisms absent from 100 ml.
1,349	181	100	1,168

Colony counts on agar at 22°C. after 3 days and 37°C. after 1 day's incubation were generally low in number.

It has been necessary to take daily samples of the raw and treated waters at Lewes Road Pumping Station on two occasions, in May and October, due to pollution from blocked sewers in the Hollingdean area.

Abbreviated chemical examinations were carried out at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination was made each month. Copies of the reports on these examinations made on raw waters are as follows:

Chemical analysis (expressed in mgm per litre)

	Date taken	pH*	Alkalinity	Chlorides	Ammoniacal Nitrogen	Albuminoid Nitrogen	Oxidised Nitrogen	Oxygen Absorbed (3 hrs. at 27°C)	Temp. Hardness	Perm. Hardness	Total Hardness
Southover...	17-11-61	—	184.0	26.9	Nil	0.029	4.4	0.10	184.0	34.0	218.0
Patcham ...	13-12-61	—	168.0	20.3	Nil	0.028	4.6	0.12	168.0	34.0	202.0
Newmarket	17-11-61	—	195.0	24.8	0.011	0.031	5.1	0.12	195.0	35.0	230.0
Mile Oak ...	4-12-61	—	178.0	25.2	Nil	0.028	5.55	0.10	178.0	32.0	210.0
Goldstone ...	16-11-61	—	199.0	36.8	0.015	0.028	7.9	0.12	199.0	51.0	250.0
Shoreham ...	4-12-61	—	186.0	38.0	Nil	0.028	6.9	0.10	186.0	45.0	231.0
Lewes Road	12-12-61	—	175.0	34.0	Nil	0.037	11.0	0.14	175.0	67.0	242.0
Balsdean ...	12-12-61	—	188.0	154.2	Nil	0.042	7.7	0.16	188.0	84.0	272.0
Falmer ...	17-11-61	—	192.0	30.7	Nil	0.052	6.0	0.20	192.0	44.0	236.0
Aldington	13-12-61	—	206.0	32.0	Nil	0.052	10.7	0.20	206.0	66.0	272.0

* Owing to a defect in the meter the pH figure has been omitted but can be taken to be between 7.2 and 7.3.

In addition to the foregoing, 2,078 daily samples from taps at fixed points in the district, have been examined bacteriologically, the results of which have shown the chloraminated waters going to supply to be of the highest standard of purity.

Bacteriological and abbreviated chemical examinations have also been carried out on 857 samples of water from service reservoirs. A total number of 5,745 samples have been examined in the Department's laboratory during the year.

3. Since all of the water is obtained from the chalk, there is little likelihood of any plumbo-solvent action, and no evidence of such action is apparent.

4. Chlorination, with post-ammoniation of all raw waters is practised continuously and surveys of the catchment area are regularly carried out. In the event of a raw water showing evidence of bacterial pollution, such surveys are intensified and appropriate adjustments of chlorine and ammonia dosage are made. In addition, bacteriological examination of the raw and chloraminated water is carried out at daily intervals.

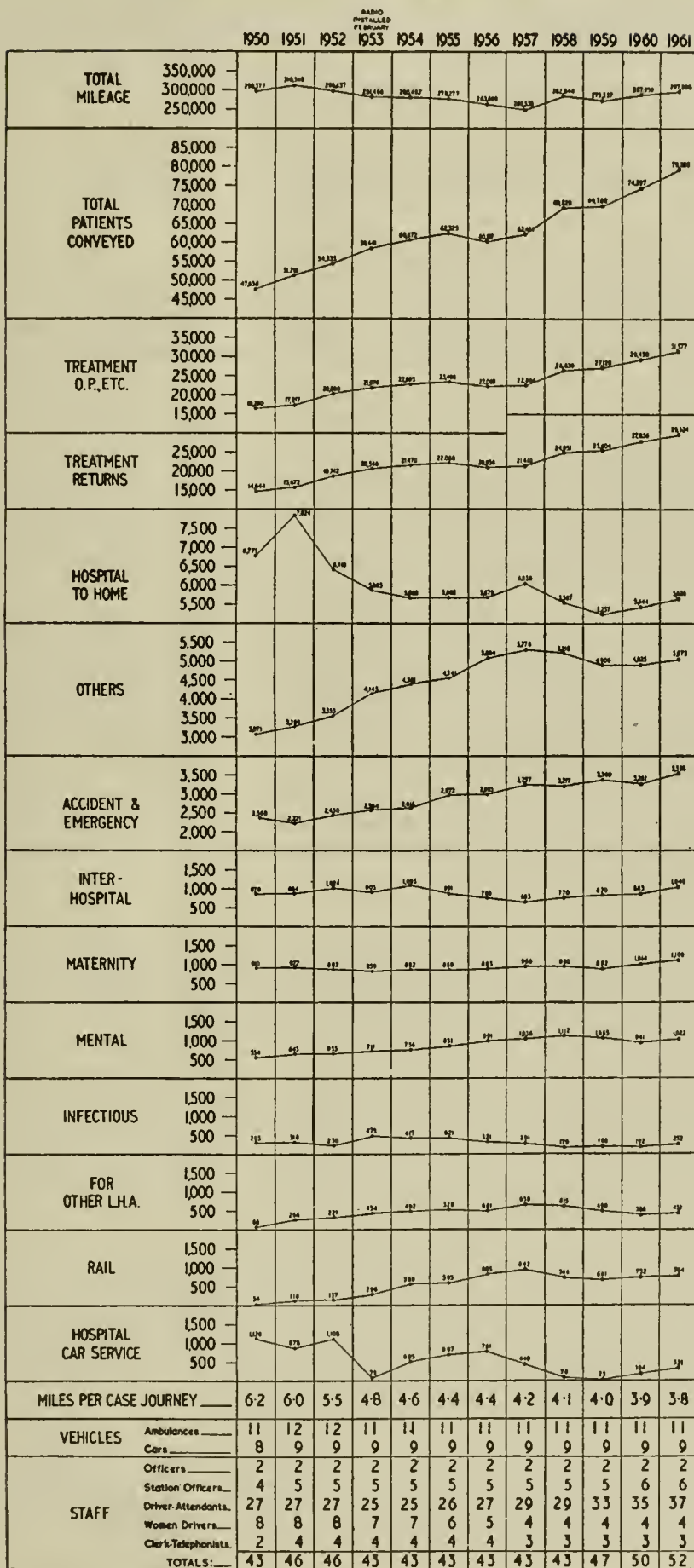
5. The number of the population supplied from public watermains direct to the houses and from standpipes is as follows:

<i>Town</i>	<i>Direct Supply</i>	<i>Standpipes</i>	<i>Population</i>
Brighton County Borough	53,521	—	162,757
Hove Borough... ..	25,589	—	72,843
Portslade U.D.C.	5,410	—	15,970
Southwick U.D.C.	4,021	—	11,650
Shoreham U.D.C.	5,635	—	17,240
Lancing (Worthing R.D.C.)	5,399	—	13,091
Telscombe (Chailey R.D.C.)	1,297	—	3,078
Falmer (Chailey R.D.C.)	231	—	224
Pyecombe (Cuckfield R.D.C.)	55	—	382
Lewes Borough	4,766	2	13,637
	<hr/> 105,924	<hr/> 2	<hr/> 310,872

SEWERAGE AND SEWAGE DISPOSAL

The town is on main drainage with disposal to a sea outfall on the coast outside the borough boundary.

The services provided and the method of disposal are adequate and are not a risk to health.



SANITARY CIRCUMSTANCES OF THE AREA

R. S. CROSS, F.R.S.H., F.A.P.H.I.

The year 1961 focused attention on two major aspects of the work of the Public Health Inspectors. These were in the fields of housing and food and this report highlights the work undertaken and the problems for the future.

The housing of the community is the most difficult problem confronting local authorities, and Brighton is no exception to the general rule.

Slum clearance must have the highest priority in housing work. There has been a slowing down of the clearance programme and no new areas have been represented for three years. This is, in part, due to the fall in the number of new dwellings erected in the town. Many factors affect the building programme and not all are under the control of the local authority. The size of the local building force is one factor, the low average weekly wages in the area compared with the national average, and shortage of suitable building land. Unless there is an increase in new building the clearance of slums and redevelopment of the central areas of the town will have to be spread over a considerable period of time. This will increase the chances of having small cleared areas in the town centre that will not be of sufficient size to allow for comprehensive development.

Clearance and redevelopment will be with us as a perennial duty. Property ages from the day it is built and it is about the only commodity for which people have to pay more as it ages. There are no second-hand rental values and as the average rent for new and modern properties increases, the rent of the old, obsolete and worn out houses follows suit.

The centre of Brighton is more than one hundred years old. A large proportion of this property has a life expectation of less than thirty years and half of these properties cannot be guaranteed for more than fifteen years. This problem was discussed in my Annual Report for 1959.

The areas selected for the inspection, repair and improvement of property will take a considerable time to complete. It is estimated that five thousand properties are involved in the areas concerned, but this is not the total of properties in the town which should be improved. At the time of the 1951 Census it was found that 43% of all householders in Brighton had no bath or had to share a bath with other households.

The areas to be inspected will take more than ten years to complete with existing staffs. Two Inspectors will be seconded to this work. This is considered to be sufficient for the inception of this routine house to house inspection, but if the response by owners and tenants is good, the work should be accelerated. A great deal can happen to property which is eighty to a hundred years old in a comparatively short period of neglect, and the ten-year period estimated to be required to inspect the property may not be sufficient to keep pace with, and arrest, the deterioration which will take place by reason of age. Progress reports will be made to the Committees concerned and it may be necessary at a later date to ask that consideration be given to an increase in staff to speed up the rate of inspection.

The commencement of "house to house" inspection has been delayed by shortage of staff. The last advertisement for staff resulted in seven applications being received and four persons were interviewed. Housing accommodation was offered to two applicants but because the rental to be charged was more than five guineas per week, both applicants stated that they could not accept the posts offered to them. The price of property in this town is much higher than comparable properties in other areas. Alternative arrangements in regard to staff vacancies have now been made and it is hoped that the house-to-house inspection work will start early in the New Year.

The Housing Act, 1961, came into force on 24th November, 1961. This Act deals with many aspects of the housing problem. Part II of the Act will be of particular importance to this Department as it deals with houses in multiple occupation. The Minister has power to make Regulations to ensure the repair, maintenance, cleansing and good order of the house and facilities in common use.

Local authorities are given powers to require works to be carried out by the owners in regard to lighting, ventilation, water supply, washing facilities, drainage and sanitary conveniences, food storage and installations for space heating. Regard also has to be had to the number of persons or households occupying the premises. Directions may be given to prevent or reduce overcrowding in houses in multiple occupation. It is anticipated that the Minister will issue the necessary Regulations early in 1962.

Houses in multiple occupation are going to raise some matters which will be difficult to determine unless the Regulations to be issued by the Minister give proper standards, and guidance to local authorities. One such problem involves floor space in rooms to be let as "bed-sitters". We are all aware of small houses being let off as bed-sitting rooms with the minimum of essential amenities being provided. In some cases no separate water supply is provided for each separate letting, in others the only attempt made is to provide a wash-hand basin in each room, whilst baths, if any, and water closets, are used in common. Plans and proposals are being received from owners to convert houses into bed-sitting rooms where the size of some of the rooms is less than ninety square feet. A bed-sitting room is supposed to be a bedroom, a kitchen and a living room. At present the only overcrowding provisions in the Housing Acts are on bedroom standards. A room of seventy to ninety square feet can be used as a bedroom for one person; ninety to a hundred and ten square feet for one adult and one child under ten years, and over a hundred and ten square feet the bedroom can be used by two persons. It must be stressed that this standard deals with rooms used as bedrooms only. To use this standard for rooms to be used as bedroom, kitchen and living-room is impracticable, yet there is no standard laid down for this type of accommodation. The Ministry of Housing and Local Government have recognised this problem in their official publication "New Homes for Old" 1954. It is stated that the size of rooms to be used by old persons as bed-sitting rooms must be a minimum of one hundred and fifty square feet. In the report "Homes for Today and Tomorrow" published this year, the Ministry recommend a floor area of three hundred and twenty square feet for one person flats (bed-sitting rooms).

The standard recommended in 1954 was compiled in relation to conversions of large houses for the use of old people, whilst the 1961 standard refers to property to be built in the future for the specific purpose of housing single persons.

In large houses converted for such use each unit should have a sink and draining board, hot and cold water supplies and satisfactory facilities for storing and cooking food. There should be not less than one bathroom to four units and one watercloset in a separate compartment to two units.

I suggest that this standard should be adopted in Brighton. With properties in private ownership being converted, some standard must be adopted that will be in line with that in Corporation properties. One standard will have to apply to all properties and the recommended standard of the Ministry of Housing and Local Government should be adopted as a minimum.

With the commencement of "house to house" inspection many problems will arise, not the least of which will be in connection with sanitary conveniences. The houses which require early inspection are at least eighty years old and the only sanitary convenience is out in the open at the end of the yard or garden. This is a most unsatisfactory feature and one that should be changed. For such conditions to exist in 1961 does not reflect any credit on our social conditions. For the young and elderly to have to go out in inclement weather, especially in the winter evenings, before retiring, is unthinkable in the present generation. They have to leave a warm room, put on overcoats, waterproofs, etc. to visit the sanitary convenience and it is not surprising that the young, afraid in the dark, do not regularly use the toilet. These outside waterclosets are not provided with lighting points, therefore torches and candles have to be carried. A certain amount of ill-health and illness is no doubt due to these circumstances. Recent housing legislation has indicated that sanitary conveniences should be within the building. This is a requirement of a discretionary improvement grant and the Housing Act, 1961, has amended the requirements in regard to standard grants. Previously, to obtain a standard grant it was sufficient that the sanitary convenience was contiguous to the building. The amendment is to the effect that it must be within or approached from within the building and only if these alternatives are not reasonably practicable, it must be in such a position as to be readily accessible from the dwelling. These requirements should therefore be taken as the standard which will be required in all houses which will have a possible life of another twenty to thirty years after repair and improvement.

Sanitary accommodation where situate in a yard or garden some distance from the dwelling will be classed as unsuitable and the owner will be notified of this defect. Such conditions cannot be expected to continue for another thirty years, which will be the minimum period of time that these houses will remain occupied.

So far this introduction to the report has dealt with two specialist approaches to the work done in the environmental services.

A problem which I have previously discussed has had to receive special consideration during the year. This is the disposal of infective refuse from hospitals and houses in the town. Infective material should be burned: the normal house refuse collection is not the correct medium for the collection and disposal of such matter.

Hospitals are rapidly changing over to disposable materials such as paper sheets, polythene sheeting, plastic containers and other small instruments. The bulk of rubbish to be disposed of has increased and will continue to increase.

More high blocks of flats are being built which are heated by oil, electric and gas installations. There are no facilities for incineration. Single houses are following suit and a problem has already arisen in collecting and disposing of infective material in cases where persons are being nursed at home, especially the elderly, and in the domiciliary midwifery service.

Infective material should be removed from all premises as early as reasonably practicable with special attention being given to hospitals.

Ideally each hospital should have its own disposal plant but the capital cost would be high. The local authority should also have a plant to deal with material collected from private houses and blocks of flats.

It would appear therefore reasonable for an incineration plant to be provided capable of dealing with the refuse from all hospitals and other premises in the area.

This matter has been discussed with officials of the local Hospital Board and they have suggested that the Local Authority provide a refuse disposal service for the eight hospitals in the town and that an annual charge be agreed.

The Borough Engineer, Surveyor and Planning Officer has been consulted at all stages of the negotiations and plans are being made to implement these requirements.

There are also the multitudinous duties carried out by the district and other specialist inspectors. The routine work of the district men is the foundation on which this section of the Department is built. Their work includes dealing with nuisances, registration of premises for special purposes, rodent and insect control, disinfection and disinfestation work.

Specialist Inspectors deal with the inspection of factories, smoke control, infectious diseases, inspection of nursing homes, old persons' homes, welfare homes and all proposed day nurseries and office accommodation. In addition Shops Inspectors are employed to deal with the closing of shops and the welfare of staffs.

I am very pleased to pay tribute to the work carried out by all Inspectors during the past year and to record their achievements. They have proved themselves a loyal and hard-working team and have co-operated at all times when extra work was necessary. Even with staff shortages they have successfully endeavoured to see that the public received the services they required, their reward being the satisfaction of work well done, with considerable skill and technical ability. I must also record my appreciation of the work done by the student inspectors in the Department by carrying out various routine duties for the Inspectors.

The staff at the Cleansing Centre have made a great effort throughout the year in dealing with laundry work from the houses of so many old people who are unable to do their own washing, are ill and in need of care and attention. The rodent control staff kept down rodent infestations, dealt with many complaints and co-operated with the Inspectors in many and varied duties.

Following the provision of adequate and suitable shelter the next most important requirement is food. Special attention has to be given to the inspection and sampling of food, inspection of food factories, preparation rooms, warehouses, hotels, restaurants, cafes and shops in order to ensure that the public have a supply of wholesome food, stored, prepared and sold in hygienic premises. To achieve this it is necessary to take samples of all kinds of food; to inspect all food factories, warehouses, hotels, restaurants, shops, stalls, mobile food shops and delivery vans, and also maintain 100% meat inspection work at the Abattoir. There are some 3,000 premises in Brighton which are subject to inspection.

As a seaside resort this work is for the benefit not only of the townspeople but for the thousands of visitors who holiday in the area. The food trades are one of the conspicuous services of the town and any break-down in food hygiene can have serious effects on the town as a resort. The staff of the Department is numerically based only on the resident population: when the population is more than doubled for some months of the year it puts a strain on the resources of the Department. It is during the busy holiday season that our own staff wish to take their annual leave and shortages of staff occur when it is least convenient to the Department. Naturally school holidays determine the period which Inspectors wish to take their annual leave.

The work of meat inspection at the Abattoir requires a great deal of organising because of the large number of animals dealt with and it is necessary to send Inspectors from the office to act as relief Inspectors. More than 40,000 animals were slaughtered at the Abattoir during the year including an increase of 6,000 cattle units over 1959. This increase in work requires additional assistance by relief Inspectors and so disorganises the routine of the Department and inevitably there is slowing down of work. In 1960 with the approval of the Ministry a new meat inspectors' certificated course was instituted. The Royal Society of Health undertook the conduct of examination and provided a syllabus of lectures. The new Meat Inspectors are recruited from the butcher trade and are trained in meat inspection. When appointed by Local Authorities they can act as Detention Officers. I shall propose in the annual staff review that such an officer be appointed for duty at the Abattoir and so relieve the pressure on the Food and Drugs Inspectors in the Department who are at present diverted to meat inspection duties.

Many infections in man caused by the consumption of food are preventable. It is the duty of the Department to educate all persons connected with the food trades, explain the causes and the preventive measures necessary to reduce the incidence of food poisoning. The time has come for a properly organised health education campaign which must be intensive and continuing. A start has been made on this important aspect of preventive medicine and it must be developed. The matter of health education is discussed in the body of the report.

The infections present in food, animals and birds before slaughter is an aspect of food poisoning which will require special attention. The effects of modern husbandry, the treatment of animals and birds with antibiotics and other injections must be investigated for long term and side effects.

During the year there has been a continuous improvement in food premises and shops. This is a national trend and appears to be an attempt to keep ahead of public opinion on this matter. There has been a growing awareness of the necessity to improve standards and the total money spent in the town in improving cafes, restaurants and shops both in the area used by the public and in those parts of the premises not seen by the public must amount to very many thousands of pounds. Plans of new premises and alterations to existing premises submitted to the Corporation for Planning and Byelaw approval are examined in the Health Department and comments are forwarded to the owner or his architect. Discussions before work is commenced is of considerable value to the owner and the Department.

Apart from good design of premises modern kitchens are very well equipped and many warrant the description of "model kitchens". Another noticeable feature is the emphasis placed on ventilation of food premises. Attention to this feature is welcome as it has been somewhat neglected in the past and now that ventilation engineers are being consulted in the majority of cases, the improvement is very noticeable.

Improvements in the handling of food in retail shops is also evident. With more goods appearing on sale in pre-packed form there is a distinct tendency to take greater care with unpacked foods. What were fairly common faults some years ago, such as finger licking and blowing open paper bags by shop assistants has practically disappeared. There is still one aspect that causes complaint and that is depositing open foods less than eighteen inches above floor level. Smoking in shops is also less evident. Shops are designed for cleanliness and staffs react favourably to these conditions.

All bakehouses in the town were regularly inspected during the year and whilst no major defects were detected it was necessary to pay more attention to a minority to ensure that reasonable standards were maintained. A heavy infestation of cockroaches in a bakery boiler house was cleared by the Department but no major infestation of an actual bakehouse was detected. The consolidation of the baking industry continued. The building and opening of a large bakery and the acquisition of small bakery businesses by combines, meant the closure of a number of bakehouses which had been "taken over". The change which has taken place is well illustrated by the fact that ten years ago there were 61 bakehouses in Brighton: at the end of 1961 there were only 28. The retail shops which were part of the small bakery businesses have been gutted and re-fitted. This modernisation has a snowball effect on those remaining and improvements continue to be made.

After being short of staff on the inspection of food premises for more than twelve months an additional inspector commenced in July. This enabled a start to be made on systematic inspection of cafes, hotels, and boarding houses. One cafe was found to be in such a condition as to warrant prosecution, details of which are given later in the report. The remainder of the premises inspected had many minor defects which were remedied. The survey is continuing.

Coffee bars were the cause of many complaints on account of noise and nuisance. The hygienic arrangements of these premises was of a reasonable standard apart from there being no sanitary accommodation for customers. The noise complained of was in respect of juke boxes, record players and similar devices, the shouting of customers in the street and the banging of car doors and the noise of motor-car and motor-cycle engines when customers were leaving late at night. The noise created by customers in the street and of car and cycle engines were dealt with by the Police. A much more serious aspect was the fouling of adjacent properties because there were no public conveniences in the neighbourhood. The Public Health Act, 1961, will be of considerable assistance in dealing with such complaints. Prior to the passing of this Act the law relating to the provision of sanitary accommodation in restaurants, coffee bars and similar premises was not entirely satisfactory. It is now intended to require the provision of sanitary accommodation for customers in all proposed new premises at the planning stage: present conditions in coffee bars and other premises will be ameliorated as soon as practicable.

Mobile shops and food transport vehicles received attention and on occasions it was necessary to issue warning notices about contraventions of the Regulations in regard to vehicles and the wearing of protective clothing.

HOUSING

Demolition in Clearance Areas

68 unfit or badly arranged houses and 13 "grey" properties were demolished. 339 people in 118 families were rehoused from clearance areas.

No clearance areas were represented during the year.

The return made to the Minister in 1955 showed 1,650 unfit houses requiring demolition; 1,028 of these have now been represented and 671 have been demolished, principally in clearance areas.

During the year the remaining unfit houses on the return made to the Ministry of Housing and Local Government in 1955 were reviewed and it was found that a number had been made fit for human habitation and would not need

representation. The houses remaining to be represented total 470: many of these are situated in areas of sub-standard houses that are not necessarily included in the present clearance programme. In order to obtain satisfactory clearance it has been decided to clear 230 of the 470 houses as part of the present programme and to carry over 240 for incorporation in a future programme. It is estimated that there are a further 500 houses which are unfit or becoming unfit and which could not be given a life of more than ten years, making a total estimate of 970 houses to be represented as follows:

As part of the present programme	...	...	230
Carried over from present programme to future			
ten-year programme	...	...	240
Future ten-year programme	...	...	500

Closing Orders and Demolition Orders

12 individual unfit houses and parts of buildings were represented during the year. One house was demolished and 12 houses and 13 parts of buildings were closed.

On 31st December there were 413 operative closing orders and undertakings applying to premises in the Borough.

6 closing orders were determined during the year, the buildings or parts of buildings to which they referred having been made fit for human habitation.

7 houses belonging to the Council were certified as unfit for human habitation in accordance with the Housing Subsidies Act, 1956. This makes a total of 141 houses certified since the Act came into force and 37 of them were demolished during the year.

Repairs and Improvements

403 houses were made fit for human habitation as a result of formal notices under the Public Health and Housing Acts.

357 houses were made fit as a result of informal action.

There were 256 applications for Improvement Grants of which 83 were for Standard Grants. Six of the applications were rejected as they were in areas of the town where it was not possible to say that they would be available for living accommodation in 15 years. The central areas of the town in which the property is more than a hundred years old must be redeveloped. It is composed of sub-standard property on the borderline of clearance area standard and is deteriorating rapidly. All the houses taking advantage of these loans are made in all respects fit for human habitation as it is a condition that before a grant is made that the house shall be in good repair. When an application is received the property is inspected and a list of defects is sent to the applicant so that in addition to the improvements all necessary repairs are carried out. In addition to the initial inspection made on application for a grant, an annual re-inspection is made to ensure that the conditions of the grant are being complied with. 471 inspections were made for this purpose and the number is increasing annually.

The Council approved the appointment of two additional public health inspectors as from 1st April, the intention being that they could carry out house-to-house inspection and where necessary serve repair notices under the Housing Act to prevent the further decay of older properties in the town. They would also draw the attention of property owners to the advantages of the improvement grants scheme. With each list of defects sent to the owners particulars are also to be sent of the scheme and of loans available from the Corporation for the repair of property in addition to loans to cover the full

cost of improvements. A properly organised and progressive programme of repair and improvement can be instituted and it is for this purpose that the additional Inspectors are necessary.

This work did not begin as scheduled, as in spite of repeated advertisements the Inspectors were not obtainable at the salaries and service conditions offered and had not been appointed by 31st December.

Rent Act Certificates

There were 15 applications for Certificates of Disrepair and 6 applications for cancellation. Tenants and landlords made 6 applications for certificates as to the remedying of defects. Each application has meant at least one inspection of the property concerned.

Property inquiries and house acquisition

In recent years there has been an increasing demand for residential property in Brighton. Prospective purchasers are naturally keen to obtain as much information as possible with regard to the local authority's intentions in respect of the older properties in the town, and this has resulted in a steadily increasing number of inquiries, in the form of local land charge searches through the Town Clerk's Department or by direct application to the Health Department. In many cases it is necessary to make an inspection of the properties before inquiries can be answered satisfactorily and for this purpose 473 inspections were made during the year of which 323 were to answer local land charge searches. A further 592 inspections were made as a result of applications for Corporation loans for house acquisition, the Town Clerk requiring a report on the possibility of action under the Housing Acts being taken against the property during the loan period.

The Housing Act, 1961, which came into force on 24th November set out a new system of housing subsidies and also introduced legislation dealing with houses in multiple occupation. At the time of writing the Minister has not issued the regulations which will lay down standards of management and provide for the repair, maintenance and cleansing of sanitary accommodation, bathing and washing facilities, drainage and means of water supply. These standards are urgently needed, as the conversion of large, old houses into flats, flatlets and bed-sitting rooms is proceeding quite swiftly.

For some years now the overcrowding, lack of proper sanitary accommodation and water supplies and the general squalor of some of these premises have presented an ever growing problem to which we had no complete answer and which is intolerable in a twentieth century town.

The Regulations, when they are issued, will not provide an instant panacea for these ills. They will mean a great deal of additional work and make heavy calls upon the Inspector's time. But the task is one which is well worth doing and action is long overdue.

Completion of new houses

During the year the Corporation completed 203 dwellings. Private builders completed 428 and housing associations 160. Private builders also converted 16 houses into 27 dwellings.

Basements

During the year Model Underground Room Regulations were issued by the Ministry of Housing and Local Government. The Model Regulations were not entirely satisfactory as one paragraph would create administrative problems and the supervision of basements rooms would require an abnormal part of the Public Health Inspector's time. A deputation from the Association of Public Health Inspectors, of which I was a member, attended at the Ministry of Housing and Local Government to protest against the proposed Regulations and placed before the Ministry officials the practical difficulties in the enforcement of the proposals. In addition, the Association of Municipal Corporations also made representations. When the Model Regulations were issued it was agreed that the Minister would approve new Regulations with the deletion of the controversial clause should Local Authorities wish to take this course. New Regulations have not yet been adopted but it is anticipated that this will be done during 1962.

No survey of basement rooms in Brighton has ever been carried out so that the exact number of such rooms cannot be given. It is estimated that some 5,000 houses have basements. The inspection of these premises cannot be carried out for some time because of other housing commitments. The clearance of areas and streets of sub-standard houses will have to be virtually at an end before a concentrated programme of basement inspections can be commenced. At the present rate of progress no estimate can be given for this essential work to commence. There is also the problem of the repair and improvement of property. To arrest decay demands quick action and the present staff cannot cope with more work than is at present proceeding.

Basements, at best, provide sub-standard housing, but very many basements in this town are totally unfit for human habitation and a large percentage of these cannot be made fit. It is not a question of spending sufficient money on a project but the fact that no works can make the basement fit premises. Many are dark, damp and so far underground that the ceilings are at, or below, pavement level. From these remarks it will be seen that there is a great deal of unsatisfactory housing conditions still to be remedied.

For the past fifteen years the few basements which have received attention are those let separately as dwellings and of which the tenants have complained. Only when conditions are found to be very bad and in which serious defects exist is action taken to close them. The present housing situation will not allow for more generous treatment. In the past fifteen years only 70 basements have been the subject of Closing Orders and in 1961 only 6 basements were represented as unfit for human habitation. An average of less than 5 basements represented in a year bears no relationship to the size of the problem to be dealt with. It is estimated that up to 50% of the basements which are let separately as dwellings cannot be made to comply fully with the Underground Room Regulations.

When properties become vacant owners are advised to carry out alterations and repairs in basements before re-letting and when inquiries are made by prospective purchasers attention is drawn to the fact that action may be taken in respect of the basement rooms. By these means a number of basements are improved and used in conjunction with the rest of the house. Many basements cannot be made to comply with the Regulations because there is no area in front of the house. The window to the front basement room is below pavement level and the window area not more than one foot in depth, extending across the width of the window. These rooms cannot be made fit, but by removing the dividing wall between the front and back rooms one reasonably suitable room can be provided.

As slum clearance progresses many houses with basements will be demolished but there will remain a substantial number that will have to be dealt with as soon as conditions permit. When the present programme of clearance is completed it may be found that the re-lets on Corporation housing estates will be sufficient to cope with the basement problem.

Examination of plans

The number of applications for bye-law and planning permission received during the year totalled 2,568, an increase of 346 on last year's figure.

Increased applications and the larger, more complicated schemes now being submitted for Council approval have necessitated additional time being spent in scrutinising plans and subsequent discussions with architects, ventilating engineers and other specialised branches of the building industry.

Advice is frequently given to the smaller builder who, although conversant with local building bye-laws, is not always aware of the many statutory requirements involved in the building of restaurants, shops, factories, offices and the conversion of buildings into self-contained flats and bed-sitting rooms. With the number of basements in the town it is not surprising that many enquiries are also received as to how this type of accommodation may best be improved.

All this development now taking place has resulted in a considerable increase in the number of visits and inspections by the Inspector concerned.

Multi-storey development

With the shortage and consequent high cost of building land it is natural that developers are now turning to the erection of multi-storey buildings. This type of construction however brings its own particular problems.

It is essential that stretcher cases in high buildings be transported by lift. The difficulties of using emergency or other staircases cannot be coped with. Opposition is sometimes encountered from developers on the grounds of higher cost and loss of valuable floor space if larger lifts are installed. Whilst I am sympathetic with their point of view, unless difficulties are to be encountered in the future it is essential to provide at least one car platform capable of carrying an ambulance stretcher.

There is at present some difference of opinion as to the most satisfactory method of refuse disposal. The L.C.C., who have considerable experience of this problem in their own flats, have installed chutes. At a recent meeting with their architects it was intimated that there were many disadvantages to this type of disposal and experiments were taking place on various methods. More recently, trials have been held with disposable paper containers and this would appear to be the more suitable method. In addition to the saving on initial cost by eliminating chutes, the system is hygienic, quiet and capable of being used for the disposal of soiled dressings and sanitary towels; a further problem in buildings constructed without either fireplaces or solid fuel boilers.

Many complaints of dampness received by this Department, when investigated, are found to be condensation. The likelihood of condensation occurring increases with the height of the building: therefore it is essential that particular care be taken in the planning stage concerning such points as ventilation, temperature control and choice of material selected for use in the structure.

Loss of residential accommodation

During the year, 33 planning applications for change of use from residential accommodation to business premises were received. Of these applications, 14 related to premises which were either unfit for human habitation or badly arranged.

During the year a total of 1,318 samples of food and drink were submitted for examination. 369 samples of swimming bath, well and drinking water were taken.

The Public Analyst reported on 394 samples of food sent for chemical analysis, 924 were submitted to the Public Health Laboratory Service for bacteriological examination.

The percentage of samples reported by the Public Analyst as adulterated or irregular was very high, being 38.6%. An increase in the number of irregular samples was anticipated because of the investigation into the use of a non-permitted colouring matter in the manufacture of Brighton Rock. After deducting from the total number of samples those connected with Brighton Rock it was found that 31.4% of the samples received adverse reports. This is an unprecedentedly high figure and reflects the highly efficient sampling by the Sampling Officer. A more selective system of taking samples has been adopted and in view of the fact that more than one-third of the total samples taken were either adulterated or irregular demonstrated the need for efficient supervision of the town's food supplies. Although some irregularities were of a technical nature many were more serious.

The use of a non-permitted colour in the manufacture of Brighton Rock is discussed in the body of the report: this was one of the serious matters arising from our sampling procedure.

Another disturbing factor concerned the use of an artificial sweetener in imported foods. In this country the use of such sweeteners is restricted and only when such an additive has been shown to be absolutely harmless would its use be permitted. The only artificial sweetener allowed is saccharin.

The foods which have been subject to adulteration in the past still crop up. Water added to milk, spirits and butter; jam with low fruit content; flour deficient in nutrients; chocolate substitute being sold as chocolate; all were encountered during the year thus showing that continual routine sampling of every-day articles of food is essential.

Claims made by food manufacturers on labels attached to the food were in some instances found to be incorrect. Bread sold as slimming bread was found to be an ordinary loaf which could not in any way justify the claim "slimming". Cream cheese which was not cream cheese but a cheese spread; fudge which contained no condensed milk or fat; soft drinks with labels implying that the contents of the bottles were 100% orange whereas only 4% was present.

A close watch has to be kept on food advertisements and as sophistication proceeds so must local authorities be vigilant in checking the claims made by manufacturers.

Bacteriological Examinations

During the year 624 samples of heat treated milk were examined by the Public Laboratory Service of which only three failed to pass the Methylene Blue test and two the Phosphatase test.

One dairy produces homogenised milk for catering premises. This milk is treated to break up the fat globules in the milk so that the cream remains in suspension and does not rise to the top after the milk has been left standing. Homogenised milk is convenient for the catering trade and ensures that each cup of beverage does contain milk fat. Previously milk kept in cafes, restaurants etc. had to be constantly stirred to ensure that each customer received genuine milk but that is no longer necessary when homogenised milk is used. There were some teething troubles when this treatment of milk commenced.

and out of 40 samples taken 8 failed to pass the prescribed tests. Most of the failures occurred in July and August but since those months there have been no further failures.

Samples of sterilized milk were examined on 40 occasions during the year, none of which failed to pass the official tests laid down for this grade of milk.

187 samples of farm bottled milk were examined of which 12 failed to pass the prescribed tests. These were samples of tuberculin tested and Channel Island tuberculin tested milks. Milk bottled on the farm is not subjected to heat treatment, hence the increase in the number of samples failing the tests.

Biological Testing of Milk

25 samples were taken during the year from farm bottled milk supplies. Of these 4 samples were void due to laboratory difficulties. No tubercle bacilli were found in any of the samples but five samples were positive for *Brucella abortus*.

In each case the local health authority in whose area the farms were situate and the Divisional Veterinary Officer of the Ministry of Health were notified of these results.

Brucella abortus in cows can transmit illness to man. This danger is eliminated when milk is pasteurised but milk bottled on the farm is not heat treated. Early in the year a meeting was held with officials of the Veterinary Section of the Ministry of Agriculture, Fisheries and Food on this problem and a great deal was learned of the work being undertaken in the country by the Ministry and also of future prospects. During the next twelve months a national campaign to reduce *Brucella* infection in cattle will be commenced.

During the year the cleanliness of milk bottles in the dairies, prior to filling with milk was checked. 90 sterile rinses were taken and in every case the bacteriological counts were very low, being well under the limits recommended by the Ministry of Health as being satisfactory.

Ice Cream

The Public Health Laboratory reported on 113 samples of ice cream of which 7 failed the standard tests. Three of the samples which failed were of ice cream manufactured outside the Borough.

During the year a series of samples of milk were taken from vending machines in cafes and retail shops. These vending machines were designed to promote the sale of milk and are used in premises occupied by the Milk Marketing Board, rented by them to shops, cafes etc. and are also sold direct to retailers.

Two types of machines were investigated. 24 samples were taken during the summer months and 23 failed to pass the prescribed bacteriological test.

The machines were examined with a view to finding the cause of the failure of the milk and we were of the opinion that the design of the machines was such that they could not be properly cleaned and sterilised.

The results of the bacteriological examination of the samples and our findings in regard to the construction of the machines were reported to the Milk Marketing Board and as a result we were notified to attend a meeting at the Board's premises at Thames Ditton. In addition to the Officers of the Milk Marketing Board, a representative of the Ministry of Health and members of the engineering firms who manufacture the machines were present.

After discussion we were invited to inspect prototypes of improved machines which were to be put into production for issue in 1962. Big improvements had been made and the public health aspect of milk vending had received more attention and the engineering part of the machine had been simplified. Small additions and modifications were suggested and it is anticipated that when these machines are in use much better results will be obtained from milk sold from these machines.

The new machines will replace those at present in use by the Milk Marketing Board as soon as practicable.

WATER

Swimming Baths

164 samples of swimming bath water were taken during the year and all were reported on as being satisfactory. Of the samples taken 119 were in respect of Corporation owned baths, 40 were from baths in a private hotel and private schools and 5 from one elementary school where a portable polythene sheet type bath for the children had been provided through the Parents' Association and the school.

In addition 7 samples were taken from foot baths at the swimming baths. These results were not entirely satisfactory. The foot baths are not on the main water circulation system, consequently the water is stagnant and rarely changed. All foot baths should be on the main circulation and chlorination systems. Samples were taken of the water before the baths were in use and again after a class of forty children had had a swimming lesson. Before use the water had a bacterial count of less than one per millilitre and no coli form bacilli. After the forty children had used the bath the count was 600 with 180+ coli form bacilli and 8 faecal bacilli.

Paddling Pools

The Corporation provide two children's paddling pools and both are of the continuous circulation type and automatic chlorination. The summer peak load on these pools is very high indeed. The condition of the water changes hourly but even with such peak loading the results, on the whole, were satisfactory. As young children use these pools as swimming baths it is necessary to keep a regular watch on the state of the water.

One paddling pool, in private ownership, was unsatisfactory. The chlorination of this pool was done by hand but the water was bacteriologically unsatisfactory. As there was a sand pit adjoining the pool the children were busy emptying buckets of sand into the water. There was no paved area surrounding the pool, consequently the water became very dirty and the protective effect of the primitive chlorination arrangements nullified.

Well Water

43 samples of water from privately owned wells were taken during the year. These wells are situate in premises which include a dairy and mineral water factories. The water from the wells is used for cleaning and cooling purposes but water from the town mains is used in manufacturing processes. All the samples taken were of good quality.

162 samples of drinking water from the town mains were examined by the Public Health Laboratory Service all of which were satisfactory.

AN OUTBREAK OF FOOD POISONING DUE TO CLOSTRIDIUM WELCHII

A butcher reported that meat supplied by him to a school was suspected of having been the cause of food poisoning in the school. Investigations were made and it was found that they had supplied 94lbs. of salt English silverside made up of eight pieces of meat of an average weight of 11 $\frac{3}{4}$ lbs. The meat had been put into a gas boiler in cold water and was said to have been boiled for twenty minutes and simmered for four hours. It was left in the stock until the following morning when it was found to be warm.

The school housekeeper did not like the smell of the meat and sent for the butcher. When he arrived there was no detectable smell and he and the housekeeper ate a piece of the meat and decided it was sound.

The meat was then placed in the refrigerator until served cold for lunch the following day.

There were 170 people in the school and 139 suffered from food poisoning. The first patient became ill at 10.15 p.m. the same day and the main attack occurred at 11.30 p.m. The time of onset and the symptoms suggested that the causal agent was *Clostridium Welchii*.

Some of the meat was submitted for bacteriological examination and it was reported that there was heavy contamination by *Clostridium Welchii*. All the evidence pointed to the inadequate cooking of the meat and to the totally wrong storage conditions after cooking.

The housekeeper was instructed on cooking routine and a new refrigerator has been installed in the kitchen.

See also page 19.

<i>Formal</i>	<i>Informal</i>	<i>Article</i>	<i>Nature of adulteration or irregularity</i>	<i>Observations</i>
-	2	Bread	Contaminated with foreign matter consisting of iron and mineral oil.	
-	1	Bread (slimming)	Composition similar to ordinary brown bread. Food value expressed in terms of calorie content per 100g was little different.	This bread has no special features which could in any way justify the description of "Slimming".
-	1	Bread (starched reduced)	8.6% deficiency in protein content. An excess of carbohydrates to the extent of 17.3% of the amount stated on the label.	The article was described as "Effectively starch reduced for slimming. Made from natural whole meal flour". This statement was not true as the article had been made with a high proportion of added gluten.
-	1	Bread	Content .26% by weight of sand and grit.	The sand and grit present in the bread appeared to be evenly distributed throughout the loaf.
-	1	Baisson flour	Consisted of pre-packed gram (Cicer spp) which is a pulse and was incorrectly labelled	
-	1	Cake mixture	Contained human hair.	
-	1	Cheese, cream	Deficiency in fat and was incorrectly described as cream cheese.	
-	1	Cream and salami spread	Article was stale and rancid and had a deficiency in fat. Name and address of packer was not specified on label as required by the Labelling of Food Order, 1953.	
1	1	Colouring matter—rose pink	Contained a non-permitted colouring matter.	Colouring matter present had characteristic of Rhodamine B.
1 2	51 6 }	Brighton Rock	Contained a non-permitted colouring matter.	Colouring matter present had characteristic of Rhodamine B.
-	1	Sweet cigarettes	Were in a wet and sticky condition and were speckled with dust and dirt.	Surrendered for destruction by vendor.
-	1	Nut confectionery "Fulovit"	No statement of the proportion of vitamins present appeared on label, although it may be considered that the title indicated a general claim that vitamins were present in the article.	

2	7	Coconut fudge	Consisted of sugar confectionery which had been made with coconut and sugar.	This article contained no condensed milk or added fat and was not entitled to the description of "fudge".
-	1	Chocolate	Consisted of an imitation milk chocolate substitute in which the added cocoa butter had been replaced by other vegetable fats and the whole milk by skimmed milk.	
-	1	Chocolate candy	Consisted essentially of a mixture of shredded coconut and fondant and contained only 1% of dry cocoa matter.	A small amount of cocoa matter present was quite insufficient to impart a chocolate flavour.
-	1 } 1 }	Broken Dutch chocolate Chocolate figures	Consisted of an imitation milk chocolate substitute.	Chocolate consists of ground cocoa beans, cocoa butter and sugar, and milk chocolate consists of whole milk, either in dried or condensed form, with ground cocoa beans, cocoa butter and sugar. In these articles the added cocoa butter had been replaced by other vegetable fats and they were not entitled to the title "Chocolate".
-	1	Cube with chicken meat and fat	The presence of onion and parsley was not disclosed in the list of ingredients as required by the Labelling of Food Order, 1953.	
-	1	Sausage—beef	Contained an excessive amount of salt which rendered the article unpalatable.	
-	1	Marzipan	The article did not bear a label specifying the name and address of the packer together with the common or usual name of the article and the list of ingredients as required by the Labelling of Food Order, 1953.	
-	1	Rhubarb	Contained an excessive amount of tin.	Stock withdrawn from sale.
-	1	Mussels	Article was sold in an unlabelled jar and did not comply with the Labelling of Food Order, 1953.	Bottler provided labels which comply with the Order.

-	1	Peanut butter snack	Article was stale and rancid and was no longer suitable for sale for human consumption. Claims for the presence of vitamins was incorrect and unjustifiable.	
-	1	Baked beans	Contained numerous dark brownish coloured specks and particles which consisted of combine of iron and carbonaceous matter.	Warning to canners. Foreign matter harmless.
-	1	Grapefruit marmalade	3% deficiency in soluble solids.	
-	1	Marmalade	Contained numerous fibres of vegetable segments, probably jute, both on the top surface of the marmalade and dispersed throughout the jar.	
-	1	Separated milk and vegetable fat	Contained an excess of vegetable fat and skimmed milk solids to the extent of 25% and 10% respectively of the amounts stated on the label.	
-	1	Lager	The bottle contained a cigarette end and the lager itself was contaminated with numerous particles of burnt tobacco and nicotine.	After consideration the Town Clerk advised that legal proceedings should not be taken, due to difficulty in establishing facts which would have restricted the prosecution to the vendor. Warning given to the bottlers.
-	1	Pineapple juice (natural)	Contained tin and iron which gave the article an unpleasant metallic taste.	
-	1 } 1 }	Apple juice (vitaminized) Apple and orange juice	The declaration of vitamin C content was not in accordance with the requirements of the Labelling of Food Order, 1953.	
-	1	Lemonade powder	The presence of citric acid was not declared on the list of ingredients printed on the label on the carton in which the article was sold.	

-	1	Chocolate flavoured drink	Contaminated with a green mould.	The green mould growth covered the surface of the portion of the cork exposed to the inside of the bottle and extended down the bottle for in $\frac{1}{4}$. Specks of mould growth were also present in the bottle contents.
-	1	Cranberry sauce	Contained an excessive amount of benzoic acid even after making allowances for the natural benzoic acid present in cranberries.	
-	1	Cream of chicken soup	The ingredients were not stated on the label, neither was the address of the packer as required by the Labelling of Food Order, 1953.	Vendor warned of requirements of the Order and labels were provided by him.
-	1	Meat tenderizer	Calcium phosphate which was present was not disclosed as an ingredient of the article and the term "Cerelese" which was used was not an appropriate designation for the ingredient "Glucose" for the purpose of the Labelling of Food Order, 1953.	The article was labelled "Meat Tenderiser—Unseasoned" but salt and monosodium glutamate are regarded as seasoning and the description will be misleading, particularly for people suffering from heart and coronary complaints, who must have a salt-free diet.
-	1	Analgesic tablets	The article contained paracetamol, an analgesic drug and it was most unsatisfactory that no dosage was indicated on the label.	
-	1	Sunflower seed oil with synergistol	Contents of the oil had the same iodine value as sunflower seed oil.	The article was described as being sunflower seed oil strengthened with synergistol concentrate, the addition of which to the oil was claimed to increase the overall preparation of unsaturated fatty acids. Although a small proportion of the fish oil did appear to be present, the unsaturated fatty acids, as judged by the iodine value, did not appear to be materially increased.
-	1	Hydrogen peroxide solution	Contained an excess of H2O2 to the extent of 31%.	

Of the chemical samples which were reported on adversely were offences in respect of the Labelling of Food and Food Standards Orders. Fourteen such reports were received and of these seven related to imported foods. All the imported foods which contravened the Orders were notified to the Ministry of Agriculture, Fisheries and Food and in each case they suggested that the exporters of the food be informed. This was done and in addition some of the manufacturers were notified. Letters were sent to Sweden, America, Canada and South Africa and correspondence ensued. In some cases there was a difference in national terminology such as the American "cerelose" for glucose and "corn syrup".

The Swedish case was in respect of the amount of preservative allowed in fruit. The maximum allowed of added benzoic acid in this country is 250 parts per million yet the Swedish cranberries contained 1,430 parts per million. A letter was received from Sweden stating that wild cranberries grown in Sweden contain natural benzoic acid from 54 to 1,440 parts per million. The firm were adding 250 parts per million of preservative but have now discontinued this practice and have had new labels printed which state that the fruit does not contain added preservative.

The present position in regard to imported foodstuffs is not satisfactory. The exporters of foodstuffs are not expected to know the details of the Labelling of Food Order nor the Food Standards Order. They purchase and import pre-packed foods. Secondly more than one importer may be dealing with the same food. Thirdly, many imported foods are distributed on a national basis. It is possible for a number of Food and Drugs Authorities to take samples of food and have to write to the same importer. In these circumstances I consider that where imported foodstuffs are concerned a central authority, e.g. Ministry of Agriculture, Fisheries and Food, should send the details of offences to the appropriate department of the exporting country so that the exporters, who are the persons responsible, are notified and appropriate steps taken to comply with the legislation in force in this country. If Britain joins the European common market details such as the one outlined will have to receive consideration.

CHEMICAL ANALYSIS OF MILK

During the year 215 samples of milk were submitted to the Public Analyst for chemical examination, of which 159 were informal samples. The Analyst reported 52 samples as being adulterated.

Of the 52 samples which were found to be adulterated, 31 were in respect of added water and 21 were in respect of low milk fat content.

In two instances all the churns of milk consigned by two farms to a local dairy contained a small amount of added water. The added water in each churn was very small, varying from .06% upwards. As it was suspected that a small quantity of water was getting into each churn with little variation in quantity a visit was made to the farm. It was found, in both cases, that there was a slight leak in the milk cooler. The leaks were not immediately apparent when water was first turned on and a test under pressure was used which revealed the leak. The farmers who were the victims of this mechanical accident immediately ordered new coolers and subsequent samples have been found to be satisfactory.

Six informal samples of milk were taken from one farmer's daily supply. Added water was proved in each churn, varying from 3% to 10%.

These samples were followed by six formal samples and these proved to contain from 5% to 11% added water. Legal proceedings were instituted and a fine of £5 on each of six summonses was imposed with £19 10s. 0d. costs.

The remainder of the adulterated samples were samples which were deficient in milk fat. One or two consignments of a number of churns from individual farms were deficient in milk fat but a bulked sample from all the churns complied with the legal requirements.

In other cases the morning milk from certain farms was of poor quality yet the afternoon milk from the same herd was of very good quality. In these cases the Milk Production Officers of the Ministry of Agriculture, Fisheries and Food have been successful in obtaining improvement by advising the farmer on milking times and the feeding of the herd.

The manager of a local hotel brought a sample of milk to the office. The milk was tested and found to contain 18% added water. Samples were immediately taken at the time of delivery from the dairy and the milk was found to be genuine. Follow-up samples were also genuine.

One sample of milk taken from a milk vending machine in a coffee bar had black specks floating in the milk. The black specks proved to be of pepper and on investigation it was found that teenagers had removed the lid of the milk reservoir and had emptied a pot of pepper into the machine.

BRIGHTON ROCK

Informal samples of Brighton Rock were submitted to the Public Analyst who reported that one of the samples contained a colour which was not permitted by the Colouring Matter in Food Regulations, 1957, to be used in food. More extensive sampling and examination showed that the prohibited colour was present in rock which was made by a Blackpool company. The colouring matter used was Rhodamine B.

The matter was taken up with the Ministry of Agriculture, Fisheries and Food, Blackpool Health Department and the makers of the rock. Solicitors acting for the makers gave an undertaking that all stocks containing or liable to contain the offending colouring matter would be withdrawn immediately from the retailers. Some stocks were in fact removed by the makers but further check samples showed that there were still stocks of unsatisfactory rock in the town. A serious view was taken of this situation and steps were taken to track down all offending rock.

The investigation was complicated by the fact that some rock was made by using non-permitted colour, some was made with a mixture of permitted and non-permitted colours and some using only a permitted colour. A presumptive test is available for the examination of the rock by the use of an ultra-violet lamp, by which means rock containing Rhodamine B gives a fluorescent glow. Several tons of rock were examined by this method and later confirmed by the Public Analyst and as a result 735lbs. of rock were seized and taken before the Magistrates, who condemned the rock as being unfit for human consumption under Section 9 of the Food and Drugs Act, 1955, and ordered it to be destroyed.

Proceedings were instituted against the manufacturers under Section 8 of the Food and Drugs Act, 1955, and evidence was given that the rock was unfit for human consumption on the grounds that it was harmful and might induce cancer. The defendants pleaded guilty and were fined £50 on each of three charges and were ordered to pay £218 costs. The heavy costs were due to some hundred samples having had to be examined by the Public Analyst.

No action was taken against the retailers as it was held that a defence could have been established under Section 113 (1) of the Food and Drugs Act, 1955.

While investigations were being made into Brighton Rock, attention was also given to colouring matters used in other foods, and it was discovered that a non-permitted colour was being supplied for use in the making of candy floss. The firm supplying the colour was found to have been obtaining supplies from a dye manufacturer and as a result of action by the Brighton and Manchester Health Departments this source of supply was ended. I am informed that all stocks containing Rhodamine B were surrendered to the Manchester authorities. The Ministry of Agriculture, Fisheries and Food were informed of our findings.

The Brighton Rock case was fully reported throughout the country and since the Court hearing other local authorities have followed Brighton's lead and investigated colouring matters in food.

An allied matter which is likely to be investigated in the future is the colouring used in cosmetics.

COMPLAINTS REGARDING FOOD

There were 122 complaints from the public regarding foodstuffs. This is an increase of 29 over last year. It concerned the following articles:

Bread	...	...	...	...	...	...	32
Baked confectionery	...	...	...	...	...	...	18
Milk	...	...	...	...	...	...	3
Tins of fruit, fish and vegetables	...	...	...	...	...	...	10
Meat	...	...	...	...	...	...	14
Meat pies and sausages	...	...	...	...	...	...	9
Chocolates and sweets	...	...	...	...	...	...	10
Cereals	...	...	...	...	...	...	2
Drinks	...	...	...	...	...	...	5
Butter	...	...	...	...	...	...	1
Fruit and vegetables	...	...	...	...	...	...	7
Cheese	...	...	...	...	...	...	2
Cafe meals	...	...	...	...	...	...	5
Frozen food	...	...	...	...	...	...	1
Preserves	...	...	...	...	...	...	1
Sauce	...	...	...	...	...	...	1
Tea...	...	...	...	...	...	...	1

Forty-one per cent of the total complaints were in respect of bread and confectionery. It must be said the laboratory examinations showed in some instances that "foreign bodies" had not been baked in the bread and must have gained access outside the bakehouse. Automation in bakehouses does not allow relaxation of hygienic precautions. In the larger plants the engineer now has a very responsible job when carrying out maintenance on machines which come into contact with dough, and fine adjustments are necessary so that excessive lubricants are excluded from the products.

Three complaints were received regarding splinters of "glass" in tins of fish. The splinters closely resembled glass but were in fact harmless crystals (magnesium ammonium phosphate).

The attention of shopkeepers is drawn to the necessity of good system of stock rotation. If this is not done there is a serious risk that "old" stock, albeit that the packet may look as good as new, may have been in stock long enough for eggs of moth or small beetles to hatch out in the contents. These remarks apply to all kinds of cereals, in grain or powdered form and to cocoa and chocolates. The rule should be "Sell existing stocks first".

Although makers of meat pies and sausages are reluctant to put a date on their products it is pleasing to record that some shopkeepers are now coding the packets themselves so that stock may be rotated in an efficient manner.

Frozen Food Cabinet Survey

During the year a survey was carried out of the working temperatures of frozen food refrigerated display cabinets. The temperature was recorded at three different positions within the cabinet. Some 16% of these cabinets were found to be unsatisfactory in that they operated above or near freezing point. Two of these cabinets were found to contain wet, soggy, unfrozen packets of food. As the Code of Practice for the Handling of Frozen Foods recommends that frozen food should not be refrozen the food was voluntarily surrendered by the retailer and it was destroyed.

Several observations resulted from this survey. Firstly, there seemed a wrong impression amongst retailers that a cabinet heavily frosted was a sign that the cabinet was operating well. Unfortunately the reverse is true; a heavily frosted cabinet means a badly maintained cabinet. Secondly some retailers thought that by having a mechanic to overhaul the cabinet at regular intervals exonerated them from the proper care of the fittings. This is dangerous as particularly in the summer, regular cleansing and adjusting of temperature are vital tasks. Thirdly some retailers tried to keep non-frozen foods (e.g. sausages, chicken and meat) in the cabinets. This bulk of relatively warm food raised the temperature of the cabinet and endangered the frozen state of the packed foods. Raw foods have no place in frozen food cabinets designed for the storage of pre-packed and protected food, to avoid contamination. Insufficient attention was given to stock rotation. This leads to deterioration of the packet and then the food itself.

It appears that education of the retailer in the field of frozen foods and their care is required. Frozen food manufacturers' representatives were interviewed and they agreed to undertake the improvement of the retailer's knowledge of frozen foods and frozen food cabinets.

PROSECUTIONS

King's Road Arches

Proceedings were instituted under the Food Hygiene (General) Regulations, 1960, against the occupiers of two groups of Arches used for the preparation and service of food.

<i>Case A</i>	<i>Summonses</i>	
1	Carrying on a food business at Kings Road Arches which because of the construction thereof did expose food to the risk of contamination.	Regulation 5
2	Carrying on a food business at Kings Road Arches which because of the situation thereof exposed food to the risk of contamination.	Regulation 5
3	Suitable and sufficient means of ventilation were not provided.	Regulation 21

All summonses were dismissed by the Magistrates after they had themselves seen the Arch. The Chairman of the Bench said "While we find Arch 156 far from ideal, we do not think there is any risk of contamination in the way Mr. O'Hagan is conducting his business."

*Case B**Summonses*

1 to 5	Carrying on a food business at 158, 159, 160 Kings Road Arches which did not provide suitable and sufficient means of ventilation. (5 summonses).	Regulation 21
6 to 10	Carrying on a food business at 158, 159, 160 Kings Road Arches which because of the construction thereof exposed food to the risk of contamination. (5 summonses).	Regulation 5
11 to 15	Carrying on a food business at 158, 159, 160 Kings Road Arches which because of the situation thereof exposed food to the risk of contamination. (5 summonses).	Regulation 5
16	Carrying on a food business at 158 Kings Road Arches, the floor of the food room not being kept clean. (1 summons).	Regulation 23
17	Carrying on a food business at 158, 159, 160 Kings Road Arches, the walls and roof not being kept in such good order, repair and condition as to enable them to be effectively cleaned. (1 summons).	Regulation 23
18	Carrying on a food business at 158, 159, 160 Kings Road Arches, the floors of every food room not being kept in such good order, repair and condition as to prevent the risk of infestation by mice. (1 summons).	Regulation 23
19	Carrying on a food business at 158, 159, 160 Kings Road Arches, the walls of every food room not being kept in such good order, repair and condition as to prevent the risk of infestation by mice. (1 summons).	Regulation 23
20	Carrying on a food business at 159 Kings Road Arches, articles of equipment with which food came into contact were not kept clean. (1 summons).	Regulation 6
21	Carrying on a food business at 158 Kings Road Arches, articles of equipment with which food came into contact were not kept clean. (1 summons).	Regulation 6

Notice was served under Section 14 of the Food and Drugs Act, 1955, that in the event of a conviction the Corporation would apply for disqualification.

Summonses 1-6, 7-11, 12-15 were dismissed.

Fines were imposed as follows:

Summons

16	...	...	£5
17	...	...	£5
18	...	...	£10
19	...	...	£10
20	...	...	£10
21	...	...	£5

The Corporation were criticised by the Magistrates for not laying down a clear policy on the use of the Arches, and the Corporation must accept some responsibility for mice infestation.

The case lasted five days.

At Brighton Magistrates' Court on the 2nd November, 1961, a cafe proprietor was fined a total of £78 in respect of offences under the Food & Drugs Act, 1955, and the Food Hygiene (General) Regulations, 1960. In addition an order was made preventing the use of those premises as a catering establishment for a period of two years.

These fines and the order for disqualification were the culmination of a course of action begun in July 1961. On that day it was noticed that a hitherto disused basement shop on the sea front was open as a restaurant. An inspection of the premises was made and the general hygienic conditions were criticised. Further visits were made and no improvement noted in spite of warnings that legal proceedings might follow.

On the 1st August during an inspection of the restaurant a quantity of unsound food was found in a refrigerator. This was seized and taken before a Magistrate for condemnation.

Following upon this action it was decided to institute proceedings against the occupier of the business both in respect of the unsound food and for the unsatisfactory condition of the premises.

Normally a prosecution would have followed and, if the case was proved, a fine would have been imposed. However, because of the serious view taken of the conduct of the business it was decided to invoke the power contained in the Food & Drugs Act, 1955, whereby a person may be disqualified from using premises as catering premises for a period of up to two years.

Accordingly application was made to the Magistrates for such disqualification and, the case having been proved, the application was granted.

This is the first time such an order has been made in Brighton.

The case raised an interesting point of law in that the disqualification is applicable only to a particular person in respect of specific premises. Its use is therefore limited when attempting to deal with the seasonal trader who descends upon Brighton at the beginning of a season, occupies unsuitable premises and then, the season over, departs never to return to the same address.

Smoking

Five prosecutions were taken under Article 9 (e) of the Food Hygiene Regulations 1960. Fines of £5 (in two cases), £3 (in two cases), £2 (in one case) were imposed.

Food inspection

The following table shows the amount of foodstuffs surrendered at the Fish Market, shops and warehouses:

Tinned or Bottled Food (Units)			Other Foodstuffs (Pounds)		
Meat, Fish, Poultry	Fruit and Vegetables	Other Items	Meat, Fish, Poultry	Fruit and Vegetables	Other Items
2,100	5,211	2,179	16,953	255	2,762

Wet fish	...	1,159 stones
Dried fish	...	311 „
Shellfish	...	120 „

Frozen Whole Egg

In June and July six cases of food poisoning were reported where isolation of *Salmonella Typhi-murium phage type 1a, variety 1* was obtained. In September and October six cases of *Salmonella Typhi-murium, phage type 2c* were known and there were two further cases of patients suffering from *Salmonella Typhi-murium (Menston and type 4)*. The outbreaks occurred radially on the outskirts of Brighton with a general pointer that the food involved was delivered by mobile shops. Investigations showed that all patients had consumed bakery products produced in a nearby town and delivered by travelling shops.

Samples of the bakery materials were taken. This was followed by selective sampling of frozen English egg. Twenty-seven samples were obtained. Three samples of egg were reported to be infected with *Salmonella Typhi-murium phage type 2c* and one *Salmonella Typhi-murium* untypable. The local authority in whose area the eggs were shelled and packed was kept informed of the investigation. I am informed that the episode involving *Salmonella Typhi-murium, phage type 1a, variety 1*, was the first time that this particular *Salmonella* had been isolated from egg products.

See also page 19.

Fertiliser and Feeding Stuffs Regulation 1960

Twenty-six samples of various fertilisers were taken during the year, the majority of which were satisfactory.

When fertilisers are sold to the public the product should have a statutory declaration which must be supplied to customers. This declaration gives a guaranteed analysis and samples are taken to check that the material conforms to the declaration.

The following samples were satisfactory:

Garden lime (2)	Complete general fertiliser
Garden fertiliser	Potato fertiliser
High Nitrogen fertiliser	Gropax
High Potash fertiliser	Fertiloids
Peat manure	Bone meal
Concentrated liquid manure	Lawn Reviver
Dried Blood	Tomatab
Phostrogen	Tomato Food
Growmore	Blended Hop Manure (2)

The following samples were reported as unsatisfactory.

One sample wrongly stated the quantity of phosphoric acid and the variation between that contained in the statutory statement supplied with the fertiliser and that found in the sample was excessive. Phosphoric acid, soluble in water was 4.7% below the stated amount. The amount of phosphoric acid insoluble in water was not stated on the label. The manufacturers stated that the packet purchased was old stock and they had issued new stocks showing an amended analysis.

In one sample of compound fertiliser the percentage of potash was 0.6% above the percentage stated on the label. Insoluble phosphoric acid was not stated and the proportion of organic matter was grossly deficient as compared with the stated analysis. Two follow-up samples were taken and it was found that the second and third samples had a different statutory statement. The analysis still showed a gross deficiency to the proportion of the organic matter present. The manufacturers were notified and after protracted correspondence it has been agreed that the statutory statement supplied with the fertiliser shall be amended to comply with our requests.

A sample of rose manure was found to be a compound fertiliser and a statutory statement should have been provided by the manufacturer. This was omitted but after drawing attention to this matter it has now been rectified.

Rag Flock Act

During the year thirteen samples were taken and all were satisfactory. The samples consisted of pillows and cushions filled with kapok, feathers, down, cotton millpuff, rag flock and cotton felt.

PUBLIC ABATTOIR

This year the number of each class of animal slaughtered has not exceeded the maximum in any previous year. Even so the number of animals slaughtered has for the first time been more than 40,000 cattle units. Where the four classes of animals are being slaughtered, it is easier to make comparison when the output is expressed as "cattle units", that is, 1 cattle unit—3 calves—5 sheep—2 pigs. Using this method, this year's figures are 2,500 cattle units more than the previous highest year of 1958 and some 6,000 cattle units more than last year, 1960. To bring about this increase, several factors have come into play. In general, the rate of consumption of meat per head of population has increased whilst the quantity of meat imported into this country has decreased. The causes of the increased throughput in Brighton have been due to a new wholesale meat company commencing operations in the last quarter of the year together with, what would appear from examining the records of past years, the biennial flush of sheep.

The increased number of animals slaughtered has of course made more demands on the meat inspection service. These have been met mainly by seconding meat inspectors from other Public Health duties.

This year saw the first examination in this country of a new type of officer to be employed on meat inspection duties. The Authorised Officers (Meat Inspection) Regulations, 1960, prescribe a new qualification, the holder of which will be eligible for appointment by a local authority as an authorised officer to examine and seize meat. This qualification, the Certificate in Meat Inspection, can be obtained only after training and examination under the auspices of the Royal Society for the Promotion of Health.

It is expected that recruits will come from the meat trade and that they will work under the direction of the Public Health Inspector. The Certificate will not be issued to the candidate until he has completed at least 250 hours practical experience in a slaughterhouse. Careful direction and training in his duties could make him a useful member of the Public Health team and help overcome staffing difficulties.

The suggestion from the Ministry of Agriculture, Fisheries and Food that the cost of meat inspection will have to be borne by the trade provoked protests.

Meat inspection is a Public Health duty, and in the past the cost has been borne by the population at large. Times have changed however and the concentration of slaughter into public abattoirs means that local ratepayers should not pay for the inspection of meat which will be sold outside the area where it is inspected. No doubt the meat trade will put forward arguments from their point of view.

It is pleasing to note that the incidence of tuberculosis in cattle has at last fallen to below 1%. The incidence of 0.71% is derived mainly from Irish cattle which are still permitted to be imported into this country following a satisfactory single tuberculin test. The number of tuberculosis reactor cattle sent into this Abattoir was only 52 this year, thus emphasising the progress made by the Tuberculosis Eradication Scheme. Of these, only 14 on post-mortem examination showed visible lesions of tuberculosis. A further 4 were affected with skin tuberculosis, a condition, not very serious, and really of nuisance value only since it causes a reaction to the tuberculin test.

Nine cattle from local markets or farms were found to be affected with lesions suggestive of tuberculosis. The farms concerned were traced so that further veterinary inspections of herds could be carried out by Officers of the Animal Health Division of the Ministry of Agriculture, Fisheries and Food.

In the Annual Reports for the previous two years mention was made of "cervical adenitis" found in pigs and the fact that it was not possible to obtain laboratory confirmation that the tuberculosis appearance was due to the organism *Corynebacterium equi*. The investigation, in progress over the past two years, has now been brought to a relatively satisfactory conclusion.

The sending of groups of lymph nodes containing the typical lesion to the Central Veterinary Laboratory of the Ministry of Agriculture, Fisheries and Food was resumed in February of this year with the results as shown in the following table.

TABLE 1

Cervical adenitis in pigs
Results of laboratory examinations

Number	Culture	Biological
B 11	POSITIVE <i>C.equi</i> and an acid fast organism.	All specimens were negative for <i>M. Tuberculosis</i>
B 12	Pure growth of an aerobic strain of <i>Actinomyces</i> .	
B 13	No organism of pathogenic significance.	
B 14	POSITIVE <i>C.equi</i> .	
B 15	POSITIVE <i>C.equi</i> .	

Having at last obtained positive proof that *C.equi* could be the cause of "cervical adenitis" in pig submaxillary lymph nodes and learning that the Central Veterinary Laboratory was finding evidence of *C.equi* from specimens sent from all over the country, the investigation was considered closed. Since

1956, statistical differentiation between lesions of tuberculosis and *C.equi* has been made at the Public Abattoir. These statistics are based upon macroscopical examinations and not cultural techniques but it was found that the incidence rates are directly proportional to the throughput for each quarter of this year 1961. The following table showing statistics for the past three years suggests that the macroscopical examinations are fairly accurate since the tuberculosis rates for submaxillary lymph nodes remain remarkably constant.

TABLE 2

Year	Throughput	Tb Rate % age	C.equi Rate % age
1959	38,065	.34	1.28
1960	34,110	.30	2.18
1961	35,703	.34	1.77

Although known for some time, particularly in Australia, America and Scandinavia, that *C.equi* could be the cause of lesions in pigs, there appears to have been a great reluctance to accept that it existed in pigs in this country. This acceptance makes no difference to the inspection judgment but it does explain the presence of tuberculosis-like lesions in pigs known to have not reacted to a tuberculin test. *C.equi* lesions have also been encountered in purulent broncho-pneumonia and mesenteric lymph nodes at the Public Abattoir.

The foregoing shows a need for closer liaison and co-operation between Meat Inspectors and a Laboratory Service, either Veterinary or Public Health controlled. At the present moment, there is no easy method for an exchange of views and ideas between Meat Inspectors and Veterinary Officers who are available to carry out research work if required.

The Central Veterinary Laboratory is always willing to accept material from Meat Inspectors but the resources available are restricted and very dependent on what is happening with animal diseases in the country. The liaison and co-operation between the local officers of the Animal Division of the Ministry of Agriculture, Fisheries and Food and Inspectors at the Public Abattoir is excellent, but of course for expediency it is limited to matters of common concern to both, namely Diseases of Animals Acts and tuberculosis eradication.

A condition resembling the lesions of *Corynebacterium equi* was found in the peritoneum of a pig slaughtered at the Public Abattoir. Closer examination revealed that it was a condition known as *Fat necrosis*. This is relatively common in fat cows but at the Public Abattoir it is very rarely seen in pigs. A diseased condition of the pancreas or obstruction of the pancreatic duct permits the escape of lipase into the peritoneal cavity. The fat cells of the peritoneum are affected by enzymic action and undergo necrosis, becoming dull-white or yellowish in colour and firmer in nature.

Parasitic infestation still continues to be a primary cause of the rejection for food of offal in animals slaughtered at the Public Abattoir.

The downward trend of the incidence of *Fascioliasis* (liver fluke) is continued again this year. The rates of 52% for cattle and 10% for sheep are still too high for sound economy but perhaps the local butchers have become more complacent because they have not lost quite so many ox livers this year. This

year they did not feel obliged to call a meeting between representatives of the Brighton, Hove and District Butchers' Association and the Sussex National Farmers' Union to discuss the liver fluke problem as in the past two years. Perhaps it was because they felt that the farmers lacked a real incentive to rid the animals of flukes and free their pastures from the intermediate host, the water snail. The reservoir of infestation is always present and will overflow again when conditions are favourable for the spread of liver fluke.

Ascariasis or "milk-spot" accounted for the rejection for food of 25% whole or part pig livers condemned at the Abattoir. This is an increase in incidence of 6% over the previous year.

Cysticercosis in cattle again shows a slight rise this year to 1.81%. For the first time a viable cyst was found on the heart surface of a five-month calf. Although *Cysticercus bovis* was found in 232 cattle, only 46 of these were consigned for cold storage treatment. This is in accord with the policy determined in previous years that where only one degenerated *C.bovis* is found in an animal then the remaining meat and offal is released after rejection of the affected offal. Tables giving distribution of viable and non-viable cysts are shown.

TABLE 3

Distribution of non-viable cysts

Class and approximate age		Masseters		Heart		Skirts		Tongue Substance
		External	Internal	Surface	Muscle	Thick	Thin	
Heifers and Steers...	...	1 - 2	29	25	9	23	1	-
	...	2 - 3	30	20	10	20	-	2
	...	3 - 5	12	8	5	19	1	-
Cows	...	—7	5	3	3	3	-	1
	...	7+	-	-	-	1	-	-
TOTALS	...	...	76	56	27	66	2	3

NOTE:—On 19 occasions 2 or more cysts were found in one animal.

TABLE 4
Distribution of viable cysts

Class and approximate age		Masseters		Heart		Skirts		Ribs
		External	Internal	Surface	Muscle	Thick	Thin	
Calf ...	... 5 months	-	-	1	-	-	-	-
Heifers and Steers...	1 - 2	7	4	-	2	1	2	1
	2 - 3	4	4	-	-	-	-	-
	3 - 5	6	2	-	-	-	-	-
Cows	7+	1	1	-	-	-	-	-
TOTALS	... ..	18	11	1	2	1	2	1

NOTE: On 1 occasion 6 viable cysts and 1 non-viable cyst were found in one animal.
 On 1 occasion 1 viable cyst and 1 non-viable cyst were found in one animal.
 On 1 occasion 1 viable cyst and 3 non viable cysts were found in one animal.

Food animals are seldom affected with tumours apart from certain benign forms. This year an attempt was made to see that when neoplasms, causing systemic disturbance, were encountered in meat inspection, suitable material was sent for pathological examination.

The post-mortem examination of a 7-year-old cow slaughtered as a casualty gave a first impression that the cow was suffering from an extensive tubercular peritonitis but detailed examination showed no tubercular lesions in the associated lymph nodes. Small multiple deposits however were found in the lymph nodes of the lungs and also the substance of the liver. The histological report was *adenocarcinomatosis*.

Examination of a 2-year-old steer showed gross enlargement of all the carcase lymph nodes with secondary deposits in the liver, kidneys and some adipose tissue of the carcase. The spleen was enlarged to about four times normal and its substance was pulpy. This condition suggested lymphatic leukaemia but in view of the secondary deposits it was thought to be lymphosarcomata. The histological report confirmed that the condition was *lymphosarcomatosis*.

The above histological reports were obtained through the courtesy of the Pathologist of the Brighton and Lewes Hospital Group Laboratories.

The Senior Meat Inspector was fortunate in contacting a member of the Department of Pathology of the Royal Veterinary College whose particular interest was in tumours of food animals. It was agreed that a limited number of tumours or suspected tumours encountered at the Public Abattoir could be sent to the Royal Veterinary College for histological examination with the hope that some statistical and pathological significance might emerge from the results.

After these preparations had been made, the finding of extensive tumour formation in animals slaughtered seemed to become rare except for an occasional elementary type. The only one sent in the latter part of the year was a *melanoma* which was confirmed by the Royal Veterinary College. This tumour, jet-black in colour was beneath the skin of the left neck of a young Aberdeen Angus (a black coated breed). It weighed at least 8lbs. and was about one foot in diameter. The node receiving lymph from the tumour area was heavily pigmented with melanin and traces of the same pigment were found in the lymph node in the right shoulder area.

The submission of tumour material will continue in the future when the occasion arises.

When meat was rationed, a system of notification to the Meat Inspector of intended slaughter in the Public Abattoir of casualty animals was instituted. In those days, it was relatively easy to keep track of that type of animal and it proved to be a great aid to the Meat Inspector in making his post-mortem examination. This year a similar system was started and the two slaughtering contractors were issued with notification forms. They were requested to complete a form for each casualty received and give as much information as possible about the animal. On the reverse of the form were printed extracts from The Slaughterhouses (Hygiene) Regulations, 1958, so that those responsible for the reception of stock could be left in no doubt what to do in instances when dead animals or carcases arrived at the Public Abattoir. The system has worked quite well particularly with the Fatstock Marketing Corporation who have a well-defined national policy concerning the reception of stock and deal directly with the producers concerned. The other contractors, receiving the stock for wholesalers may not realise that the animal should have been

notified as a casualty. The following shows the number of casualties received during the year and the subsequent disposal of the carcasses and organs after post-mortem examination.

TABLE 5
Casualty slaughtered animals

Number slaughtered		Totally Rejected	Carcase of which some part or organ was rejected	Carcases Released
Cattle	64	13	43	8
Calves	9	3	3	3
Sheep	22	7	8	7
Pigs	40	6	23	11
Total	135	29	77	29

The most interesting occurrence during meat inspection was the presence of sarcocysts in a young steer of prime quality. The condition was first discovered when routine cuts into the masseter muscles of the head were made. The lesions appeared at first to be degenerated *Cysticerci bovis* but this was ruled out by further detailed examination. Sarcocysts were found in the heart muscle and it was impossible to cut anywhere into the carcass muscles without finding more.

ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR

Carcasses and offal inspected and condemned in whole or in part

					<i>Cattle</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Killed...	...	...	...	...	12,797	7,653	36,876	35,703
Inspected	...	...	...	...	12,797	7,653	36,876	35,703

All diseases except Tuberculosis

Cysticerci

Whole carcasses condemned	...	29	32	37	109
Carcasses of which some part or organ was condemned	...	8,201	224	5,201	14,981
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	...	64.30	3.34	14.20	42.27

Tuberculosis only

Whole carcasses condemned	...	3	—	—	—
Carcasses of which some part or organ was condemned	...	87	1	—	125
Percentage of the number inspected infected with tuberculosis	...	0.71	0.01	0.00	0.35

Cysticercosis

Carcasses of which some part or organ was condemned	...	232	1	—	—
Carcasses submitted to treatment by refrigeration	...	46	1	—	—
Generalised and totally condemned	...	—	—	—	—
Percentage of the number inspected affected with cysticerci	...	1.81	0.01	—	—

Swine Fever Order of 1938

On two occasions during the routine inspection of pig carcasses the existence of Swine Fever was suspected and the pig slaughterhouse at the Public Abattoir declared to be an Infected Place. The Restrictions imposed were withdrawn the next day by the Ministry of Agriculture, Fisheries and Food following disinfection of the premises and the cremation of affected carcasses and offals.

One farm carrying 333 pigs was declared to be an Infected Place when the post-mortem examination of two pigs that had died suddenly revealed an acute enteritis suggestive of Swine Fever. After laboratory investigation, Swine Fever was not confirmed and the Restrictions were withdrawn.

Anthrax Order of 1938

On three occasions at the local knacker's yard, whilst boning out cow carcasses, knacker men found lesions suggestive of Anthrax. These cows had died suddenly on farm premises outside the County Borough. In two instances the knacker's yard was declared an Infected Place and the carcasses and offals, together with hides, were cremated and the premises disinfected.

On the other occasion the knacker's yard was not declared an Infected Place. The suspect cow carcass was examined by a Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, who certified that the animal at its death was not affected with Anthrax.

Sheep Scab Order of 1938

One notification of intention to dip sheep was received and arrangements were made for a police officer to be present at the sheep dipping to ensure that the requirements of the above-mentioned Order were complied with.

Regulation of Movement of Swine Order of 1959

All swine arriving on premises within the County Borough were visited by police officers during the prescribed period. Nine visits were made by the Inspector of the Local Authority in order to license the movement of 165 swine subject to the above Regulation.

Slaughter of Animals Act, 1958

Twenty-nine persons were in possession of slaughtering licences issued by the County Borough on 31st December, 1961.

FOOD

Hygiene Education

Each year more emphasis is given to the education of workers in the catering and food industries. Ideally, advice and education should be the major role of the Health Department with the power of enforcement being used only in respect of that relatively small group of people who refuse to conform to present-day standards of hygiene.

Generally speaking the community is now far more hygiene conscious than in previous years and the effect of this is being seen in the type of food premises which are coming into existence.

As a means of encouraging improved knowledge of the principles of food hygiene the Department continued the series of hygiene lectures begun in 1960 at the Technical College. Each course consists of ten lectures and films

followed by an examination for the Certificate of the Royal Institute of Public Health and Hygiene. It is considered that the main benefit of the course is afforded to persons holding managerial or senior posts.

Once again the facilities offered and the co-operation shown by the Catering Department of the Technical College are very much appreciated.

Staff employed by the School Meals Organiser in school kitchens and dining rooms now receive regular lectures on food hygiene. During the Christmas and summer holidays groups of employees were shown a food hygiene film which was followed by a short lecture. At the end of such a session there is always a period given to question and answer often resulting in some lively discussions.

The type of lecture given to School Meals staff would be suitable for the employees in the food trade who would not normally attend the Technical College course.

Consideration has been given to extending the scope of these lectures. Providing there is a response from the larger firms in Brighton it is hoped that arrangements may be made for groups of employees to attend lectures at a room within the firm's own premises. The meetings could be held either during or outside normal working hours as the firm wished.

With the completion of a large bakery in Woodingdean the management were interviewed in regard to lectures being given to their staff. This suggestion was warmly received and arrangements are being made to give a series of lectures to their staff which in total numbers about 500 people. It has not been possible to get many occupiers of small hotels and boarding houses to attend the ten-week course of lectures because of business commitments. Plans are being made to arrange for a film and lecture to be given to small groups of hoteliers and boarding house proprietors during next autumn and winter.

The education of the food handler is an important public health duty and this work has so increased that one of the Food and Drugs Inspectors, Mr. Meston, was seconded to deal with health education. Films have been borrowed from various private firms such as Deosan, J. Lyons & Co., and Unilever. With the expansion of this work it will be necessary to purchase copies of some films as they are in demand all over the country and it is not always possible to borrow a copy when required.

Mr. M. C. Leal, District Public Health Inspector, presented a paper on "The Menace of Salmonella" to the Sussex Branch of the Association of Public Health Inspectors. This paper was of such merit that he shared the prize for the best paper given during the year.

At present, in addition to organised lectures given to food handlers at the Technical College no opportunity is lost to give talks on the Public Health Inspectors' duties to various organisations in the town. Each course of Queen's Nurses' students are given a lecture and the student Health Visitors' course two lectures from a Health Inspector and also provides for each student to spend a day with an Inspector on his routine work. Various women's organisations and clubs have been visited during the last year and my deputy gave a series of lectures to senior Boy Scouts who were working for their Public Health Badge. In addition we have provided examiners for the Junior St. John Ambulance Association in conducting examinations for hygiene badges.

Whilst these informal talks do help, it is felt that a properly organised programme of health education would lead to a more widespread appreciation of the statutory duties laid upon the Council and carried out by the Department and the time devoted to such a "public relations" scheme would be well repaid by the increased interest aroused.

The time that is already being given to this matter suggests that it is necessary to appoint a Senior Inspector to be in charge of Health Education and to co-ordinate this work with other specialists in the Department. Each section must see that its programme of educational work dovetails into the planned effort of the Department as a whole.

THE WORK OF THE DISTRICT PUBLIC HEALTH INSPECTORS

It has been impossible in any one of the post-war years to avoid mention of staff shortages. At the end of 1960 I reported that two vacancies for Public Health Inspectors remained unfilled. In spite of periodic advertisiements the position was still the same at the end of 1961. Even when housing accommodation was offered, the rental (which in each case were over £5 per week) caused candidates to withdraw their applications.

The existing staff have worked loyally to ensure that all statutory and routine duties were effectively covered and that the service to the public did not suffer in any way as a result of vacancies in the establishment. Whilst there is no falling off in the standards set in previous years, I am not satisfied. Environmental hygiene work should be progressive and each year should see an improved service with a corresponding rise in the standards accepted. It is however impossible to make such progress whilst the staff position is so difficult.

In the modern age the Health Inspector should be more than a supervisory and preventive officer. He should be an educationalist. Nothing can replace the weight of an informed public opinion in securing better conditions of hygiene; and the more advisory and educational work which can be carried out the greater are the prospects for improved standards of living, cleanliness, food hygiene and the other aspects of public health work.

Fortunately the legislators were not as prolific during 1961 as they have been in some previous years.

Only three main Acts came into force, all of them late in the year, so that their full effect has not yet become evident, and no fair assessment can be made of their value. The Public Health Act, 1961, is a useful measure, which includes a number of provisions previously only found in local Acts. We were fortunate in Brighton, in already having the majority of the clauses in our own Corporation Acts, but some of the additional items will prove extremely useful in practice. Probably the most welcome alteration is that made by Section 80 which defines the expression "refreshment house" used in the Public Health Act, 1936, to mean any building in which food or drink is sold to and consumed by the public. This clarifies a position which was previously doubtful and had given rise to conflicting legal opinions as to the premises coming within the scope of the original definition. Local authorities now have power to require the provision of sanitary accommodation for the use of customers in coffee bars, restaurants etc. The necessity for such powers has been obvious for some time to avoid the complaints from police and public of nuisances in areas surrounding coffee bars, which stay open until the small hours. The police reported 59 cases in which they had taken proceedings in about three months where nuisances had been committed within a few hundred yards of two such cafes. Statutory action under the amended section was commenced immediately to get the necessary conveniences provided.

Another Section which will very probably be of great use is Section 34, which empowers Local Authorities to deal with the problem of unsightly accumulations of rubbish on vacant sites in built-up areas. It has, in the past, been very difficult to prove that such accumulations were "prejudicial to health or a nuisance" under Section 92 of the Act of 1936. The new Section includes rubbish which is "seriously detrimental to the amenities of the neighbourhood" and, it is hoped, will enable some of the vacant sites which are such eyesores to be tidied up.

The Factories Act of 1961 is mainly a consolidating measure which replaces the Act of 1937 and its amendments.

The Noise Abatement Act of 1960 has now been operative for a full year. So far, no legal proceedings have been taken but it is felt that the knowledge that such an Act was in force and the publicity which it received in the Press, added a great deal of weight to the Inspectors' informal approaches to persons alleged to be causing a noise nuisance.

The Committee on the Problem of Noise which was set up by the Minister of Science asked for certain information on the workings of the Act to be provided for them during the year. The actual figures for the number of instances in which a noise nuisance was abated without formal procedure were as follows:

From public houses (music and singing)...	...	...	...	1
From "juke boxes" in cafes	...	...	...	3
From a dance band in a dance hall	...	...	...	1
From building demolitions in early morning	...	...	...	4
From milk deliveries	...	...	...	2
From night bakery	...	...	...	3
From garage, car repairs, late evening	...	...	...	6
From electric sewing machine (outworker)	...	...	...	1
From slamming car doors in street	...	...	...	1
From Factories (various processes such as knitting machines, small blast furnace, hammering, polishing machine, boiler, sanding machine, circular saw, crate stacking)	...	...	...	8
From transport firm (van loading early morning)	...	...	...	2
From Coach firm cleansing vehicles at night	...	...	...	1
From refrigerators in food premises	...	...	...	3
From British Railways coaling area, railway premises, early morning	...	...	...	1 (not fully abated)
From plant hire firm, maintenance work in evenings	...	...	...	1

The variety of complaints is further evidence of the subjective nature of noise. What is tolerable to one householder is a nuisance to another and what is hardly noticeable during the daytime is a serious inconvenience during the evening and night.

Neighbourly disagreements gave rise to complaints of noise produced by a motor mower, a workman repairing a garden fence, a crying child and loud conversation in an adjoining garden. No action was taken in these cases.

PUBLIC HEALTH ACT, 1936

During the year defects of repair were remedied in 743 houses as a result of notices served under the Public Health Act, 1936.

Other nuisances (accumulation of refuse, animals kept in unhygienic conditions, verminous premises etc.) necessitated the service of 287 notices.

Visits made by the Inspectors in connection with these notices totalled 4,836. Interviews with owners, architects, builders etc. during the year numbered 4,131.

Legal proceedings were instituted in 5 cases where Abatement Notices were not complied with. In four of these the necessary repairs were carried out between the issue of the summons and the date of hearing. The remaining case was proved and the defaulting owner was fined £3 with a daily penalty of 2s. imposed until such time as the notice was complied with.

It would be a great help to this Department in their dealings with certain owners if the summonses were still proceeded with when work is commenced only after the summonses are served. The offenders waste a great deal of the Department's time as their delaying tactics necessitate additional visits, telephone calls and letter-writing on the part of the Inspectors and an added burden on typists and clerical staff engaged in the service of the additional notices. It seems to me that where an owner or agent consistently takes this line of action the case should be continued and costs should be sought against him.

Fortunately it is seldom necessary to apply for a warrant to gain access to dwelling houses but during the past year this has had to be done twice in respect of the same property. Complaints were received from neighbours that the house and garden harboured rats and was in a filthy condition. The house was visited daily for several weeks by the District Inspector and the owner/occupier was asked by letter on several occasions to allow an inspection to be made. As no satisfactory arrangements could be made informally the Magistrates' Court granted a warrant of entry to the Deputy Chief Public Health Inspector. It was known that the occupier was in the house but she refused to answer the door and only appeared when a workman began to break open a window forcibly. She denied any knowledge of previous visits and letters, gave a false name and claimed to be a newcomer to the district, making her first visit after buying the house. As she was still in her nightclothes and dressing gown this story hardly held water and after a great deal of persuasion she allowed an inspection to be made by the Deputy Chief Public Health Inspector and a Police Officer. Ample evidence of rodent infestation was found and the house was extremely filthy and littered with the accumulations of years. The kitchen, for instance, was piled up with milk bottles which when disposed of later, numbered about 250. One small bedroom was filled to a depth of 4ft. 6in. with a rotted mattress, waste paper, books, bottles etc. The Borough Surveyor's office had no record of any refuse being put out for collection for some years.

The Health Committee authorised a service of a notice under Section 83 of the Public Health Act, 1936. This was not complied with and a series of letters followed asking for appointments to enter the house. Each was met with some excuse for delaying action. The householder at last agreed to allow refuse to be removed and a lorry and staff were sent to the house to carry out the work. A note was pinned to the door saying that the appointment could not be kept. It was obvious that no further action could be taken informally and another warrant had to be obtained. Entry was made and although the lady continued her delaying action by attempting to put off the work on several occasions and by accusing the Department of stealing various items, the house was finally cleared.

The operation took three days. On the first of them, three of the Cleansing Centre staff were employed and on the other two days four men were needed with one large lorry and a 15 cwt. van. The District Public Health Inspector was in attendance all the time and the services of a policewoman and a constable were also necessary for most periods.

Some 230 dustbins of rubbish were taken away and the workmen also removed a van load of miscellaneous broken and useless household effects. Nests of mice were destroyed during the work and poison treatment was carried out until the infestations were wiped out.

At first sight the Public Health Acts appear to give quite adequate powers for dealing with cases of this nature, but in practice it is not quite so easy to obtain satisfactory results. The law is designed to deal with the reasonable man. Obviously the "reasonable man" does not allow premises to get into such an appalling condition. It is the eccentric or anti-social individual who turns a house into a refuse dump. However carefully the liberties of the subject must be guarded it seems that powers are necessary to allow much speedier action to be taken in these cases than is possible at present.

FACTORIES ACTS 1937 TO 1939

Factories

The following tables set out the numbers of factory premises of various types and gives details of action taken where defects were found upon inspection.

1. Inspections for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	436	183	11	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	521	201	17	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	41	18	7	—
Total	998	402	35	—

2. Cases in which defects were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	32	27	—	—	—
Overcrowding (S.2)	1	1	—	—	—
Unreasonable temperature (S.3)	3	3	—	—	—
Inadequate ventilation (S.4)	10	7	1	3	—

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	5	5	—	2	—
(b) Unsuitable or defective	11	9	—	1	—
(c) Not separate for sexes	4	4	—	—	—
Other offences against the Act (not includ- ing offences relating to Outwork)	3	1	2	—	—
Total	69	57	3	6	—

PART VIII OF THE ACT

Outwork

Nature of Work (1)	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel: Making, etc., Cleaning and Washing	269	1	—	—	—	—
Lace, lace curtains and nets	3	—	—	—	—	—
Curtains and furniture hangings	2	—	—	—	—	—
Furniture and upholstery	4	—	—	—	—	—
Artificial flowers	1	—	—	—	—	—
Stuffed toys	1	—	—	—	—	—
Total	280	1	—	—	—	—

CLEAN AIR ACT, 1956

We are fortunate in having few problems of atmospheric pollution in Brighton. Possibly because of this many of the complaints received are of conditions which would probably pass unnoticed in a heavy industrial area. It is sometimes more difficult to abate a very slight nuisance than it is to deal with one that is quite obviously a contravention of the Act.

Garden bonfires have again figured high on the list. Such complaints need the exercise of a great deal of tact and persuasion on the part of the Inspector and take up, possibly, more time than they are worth. Many of them could be obviated by a little neighbourly thoughtfulness.

The boiler plant of buildings, such as blocks of flats, hotels, cinemas and licensed premises have been found to give rise to more complaints than industrial premises.

In the majority of cases the Smoke Inspector has received every co-operation from managements, engineers and boiler house staffs and from representatives of various fuel sales firms. These informal and advisory visits have been quite as successful as the service of any number of formal notices would have been.

The Department of Scientific and Industrial Research who are carrying out a national investigation into air pollution asked the Council during the year to take part in the survey, and for that purpose to set up a small number of measuring points in various areas of the town. It was agreed that this should be done and the necessary apparatus has been obtained and will be installed during 1962. A representative of the Research Department has been to Brighton and arrangements are being made for air sampling equipment to be sited in (a) a shopping centre, (b) an old residential (terrace house) area of high density, (c) lower density residential area and (d) a mixed residential commercial area.

RODENT CONTROL

The following tables set out the number of visits and treatments carried out by the Cleansing Centre Staff engaged on rodent control:

	<i>Local Authority's Premises</i>	<i>Dwelling Houses</i>	<i>Other Premises</i>	<i>Total</i>
<i>Properties inspected:</i>				
On notification	64	407	147	618
Survey under Act	—	787	44	831
Otherwise	3	176	1262	1441
<i>Properties found to be infested:</i>				
Rats	32	187	46	265
Mice	25	129	64	218
Number of treatments carried out by Local Authority	57	316	110	483

Sewer treatments were carried out in May and October and a total of 682 manholes were baited. Warfarin (with parantrophol as a mould inhibitor) was again used. 26 "block control" schemes were carried out. The number of rat infestations found was again less than in previous years. Infestations of mice are also less numerous but in some cases the eradication of these vermin has proved unexpectedly difficult and treatment has had to be extended over unusually long periods. The possibility that some mice have built up a degree of resistance to Warfarin has been considered and enquiries are being made to see if other local authorities have encountered this problem

Insects and Other Pests

The usual very mixed bag of complaints arising from various insect and animal pests was received during the year. The staff of the Cleansing Centre dealt with bugs, fleas, cockroaches, silver fish, carpet beetles and wasps and an infestation of caterpillars. The operators have also coped with moles, foxes and rabbits which have caused nuisances in the outlying areas of the Borough.

A number of insects have been brought to the office for identification and the householders concerned have been given advice and assistance in eradicating these various pests.

Pigeons

Continued progress has been made in the work of reducing the numbers of pigeons throughout the Borough. Messrs. H. & J. Ashton's firm have again been employed and their efforts have resulted in the destruction of well over 3,000 pigeons. The firm's contract ensures that they use only methods permitted by the Protection of Birds Act, 1954, and in addition to dealing with individual complaints from householders the operators have concentrated on treatment of buildings in which the birds are known to nest and breed.

The most extensive single job has been the treatment of St. Peter's Church. Scaffolding had to be erected at the north end of the building and it was found that practically every recess, gutter and window surround harboured a nest and over five hundredweight of fouling and deposits were removed from the altar window alone. The workmen had to remove deposits (which were in places 9 inches deep) with cold chisels. Repellent strip was applied to complete the clearance and at the time of writing no further re-infestation had appeared.

St. Matthew's Church and All Souls' Church were also treated. Nests and deposits were removed and ventilators and louvres were wired up to deny access to pigeons.

A number of visits have been made to the Piers and the contractor has reduced the numbers of the pigeon flocks there by climbing down the piles to roosting places and by using a boat to gain access to the under parts of the structure.

CLEANSING CENTRE

Laundry Service and Personal Cleansing

The trend towards caring for chronic sick and aged people at home has continued and the inevitable result has been to increase the amount of work on laundering and personal cleansing at the Cleansing Centre.

Laundry collection visits totalled 5,695 (an increase of more than 37% over the previous year and a figure of practically double the number of collections made in 1959).

The number of articles laundered rose to 49,095 (about 20% up on last year).

The mileage covered during the year on this service was 5,503.

152 new cases were added to the list during 1961.

The provision of a new van during the year enabled collections and deliveries to be made more quickly and efficiently without causing the general disruption of the Department's transport facilities which had frequently occurred in other years.

The problem set by the necessity for an urgent laundry service is by no means solved. A great many patients have so little personal and bed linen that an exceptionally quick turnover is essential. The difficulty of getting the materials to and from the Centre has been overcome by additional transport but the greatest trouble now outstanding is to get the articles dry enough to return for use within a matter of 24 hours.

A hydro-extractor, spin driers and an airing cabinet are used but in bad weather it is practically impossible to dry the clothes as quickly as is required. Under present conditions use is made of the steam disinfectors and rooms which should be available for disinfection work are partially filled with make-shift racks and lines full of washing.

It is obvious that the ten-year plan for hospital re-organisation will lead to further increases in home nursing and that the existing set-up, which grew from what was an essentially emergency service, will need considerable extensions.

Once again I should like to express my thanks to the executive officers and staffs of the Queen's Nurses, the Ambulance and Domestic Help Sections of the Health Department and the Borough Surveyor's Department. Without the willing co-operation of all these sections the difficulties encountered would be nearly insurmountable.

The work of the Cleansing Centre staff, under our own Departmental control, cannot be too highly praised. Some of the tasks with which they are faced are indescribably filthy and unpleasant but the work is carried out cheerfully, efficiently and without complaint. The staff have always been prepared, where some unfortunate old person or invalid needs help, to turn their hands willingly and successfully to any jobs which need doing.

In addition to the laundry service, 58 persons suffering from scabies have been cleansed and treated at the Centre and 30 cases of body lice have also been dealt with. 174 geriatric cases (49 males, 125 females) have been bathed during the year.

In spite of the difficulties caused by using part of the disinfectant room for laundry, 1,214 verminous articles have been steam disinfected, and 976 parcels of clothing for overseas despatch (which have to carry a certificate of disinfection) have been treated.

The operators have cleansed and disinfected clothing of 30 vagrants.

On 8 occasions during 1961 it has been necessary to disinfect the furniture and effects of families moving into council houses from clearance areas.

The problem of elderly people living in unsuitable conditions has again had to be solved. These people cannot afford, with their small incomes, to redecorate the flats or rooms they occupy. The rooms are squalid, dirty and with wall-paper hanging from the walls present a very depressing picture. In extreme cases, through the agency of a Charitable Trust we have been able to get small amounts of money for this work. The staff of the Cleansing Centre have colour-washed walls and ceilings, after removing rubbish, of a small number of rooms so that cost could be kept to a minimum. This problem has been reported on in previous annual reports and I suggest that where re-decoration work is certified to be necessary, by the Public Health Inspector, the cost of this work should be made available to old persons, through funds provided by some statutory instrument and payable by the National Assistance Board or other agency.

SHOPS ACT, 1950

During the year there have been many meetings of traders to discuss a five-day week for shop assistants and five or six day opening of shops. Also discussed was uniformity in half-day closing.

In an area such as Brighton with special consideration required for the summer period there has been no uniformity in respect of shop closing. There are local Orders in force at the present time which give a good indication of the varied views of traders in regard to retail trade.

Some multiple firms are introducing a five-day week for shop opening and for shop assistants. It appears to be successful in some instances.

The Gentlemen's Clothing Trades in the western part of the town petitioned for a Weekly Half Holiday (Exemption) Order and obtained the necessary majority of traders to sign the petition. The majority of the shops affected by this Order remain open on six days each week but the staff work a five-day week. This system works very well; weekly takings have been increased; the staff are satisfied and it has been reported that sick leave has been considerably reduced during the last six months of the year. The public are satisfied, especially the visitors to the town.

The increase in the number of Ladies' Hairdressers who provide refreshments for customers has necessitated an increase in the visits paid to these establishments. In many instances proper facilities for this service had not been provided and wash basins, provided for the business, were being used for washing up of crockery.

Many justified complaints were received during the course of the year about unfair trading from mobile shops. The definition "shop" in the Shops Act, 1950, does not cover mobile shops and they are therefore exempt from the restrictions imposed on shops in regard to Sunday trading, weekly half-holiday closing and even from evening closing. The tenants of shops on Corporation estates have to close, yet traders with vans can tour the estates and sell the same products as sold in the shops with complete immunity.

Another aspect of the Shops Act, 1950, that requires revision is its application to motor showrooms. The established car dealers would like to have the provisions of the Act in respect of Sunday trading tightened up. At present there are many loopholes, the fines are small and certain traders are keen to take advantage of the shortcomings of the Act.

During the year it was found necessary to increase the number of week-ends that the Shops Inspector was on duty. Numerous complaints were made in respect of persistent offenders against the Sunday Trading provisions of the Act.

Legal proceedings were taken against 30 shopkeepers during the year for offences under the Shops Act.

One fine of £10; one of £7; nine fines of £5; four fines of £3; five fines of £2; 8 fines of £1 and two fines of 10/- were imposed by the Magistrates.

SHOPS ACT, 1960

The work of the Shops Inspectors during the year was as follows:

Interviews, visits and inspections	...	...	...	...	...	3,420
Complaints	...	...	...	...	...	67
Week-end duties carried out (occasions)	...	...	...	...	...	40
Late night duties	...	...	...	...	...	12
Visits in respect of the employment of persons under the age of 18 years	...	...	...	...	...	105

Section 53: One application was received from a person of the Jewish religion to be placed on the Register of Persons having a conscientious objection to trading on the Sabbath and one application from a Jewish trader to have his name removed from the Register.

Five Orders were made under Section 42 in relation to Exhibitions.

A Weekly Half Holiday (Exemption) Order was made in respect of the trades or businesses of Gentlemen's Clothiers, Tailors and Hatters situate in the western area of the town.

COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

W. S. PARKER, *V.R.D.*

M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H.

1961

HEALTH DEPARTMENT,
ROYAL YORK BUILDINGS,
BRIGHTON 1.

March 1962

To the Members of the Brighton Education Authority

MR. MAYOR, LADIES AND GENTLEMEN,

I wish to present my Annual Report as Principal School Medical Officer to the Brighton Education Authority.

The physical condition of pupils inspected at routine medical inspections was found to be satisfactory in a very high percentage of cases (99.32 per cent). However, two of your School Medical Officers comment that more overweight children are being seen. This trend is part of the National pattern. There are several factors involved and diet can be incriminated in some instances. When one considers certain disease patterns in middle age, overweight and faulty eating habits can be determined in their causation. Sound balanced dietary regimes established in childhood could well prevent pathetic and tragic episodes in thirty or forty years time.

As it has been a matter of some discussion whether some school medical inspections of a periodic nature should continue, it would be appropriate to comment upon one or two aspects of this work, which comprises the major part of the duties of a school medical officer. The standard of accommodation available to the doctor and school nurse should meet certain functional requirements. The nurse, who carries out the preliminary weighing and measuring and eye testing, should have a separate room of adequate length to test vision at twenty feet. By the same token, the lighting must be good. The room used by the medical officer should be close to the room used by the nurse so that the children can be undressed in the nurse's room and be available as soon as the doctor has completed his examination on the previous child.

Most important of all, the circumstances should enable the proper privacy necessary to a normal doctor-patient relationship. It is unreasonable to expect parents to discuss such subjects as bedwetting where anything but tête-à-tête conditions prevail. The presence of a third party is embarrassing to a mother and child. Reasonably warm, quiet and well ventilated premises with toilet and washing facilities are other important matters.

In general terms, head teachers do all they can for the School Health staff to the extent which premises and numbers will allow.

The problem of the verminous child is still with us, but with interested endeavour and enthusiasm, these weeds of social neglect should be eradicated.

I wish to record the interest of the Education Schools Services Sub-Committee and their Chairman, Alderman W. H. G. Button, and the Chairman of the main Committee, Councillor E. W. R. Ede. I wish to acknowledge also the co-operation of all members of the various sections of the Education Department.

The report sets out the work of the staff of the Brighton School Health Service. In mentioning them, I wish to thank particularly Dr. L. B. Peters for the contribution he has made to the work of the Service during the past year.

Yours faithfully,

W. S. PARKER,
Principal School Medical Officer.

EDUCATION COMMITTEE FOR THE COUNTY BOROUGH OF BRIGHTON

List showing members of the Education Committee and certain Sub-Committees
as at 31st December, 1961.

EDUCATION COMMITTEE

Chairman: Councillor E. W. R. Ede, M.B.E.

HIS WORSHIP THE MAYOR (Councillor G. B. BALDWIN, J.P.)	Councillor Mrs. E. M. HIDER
Alderman A. J. M. JOHNSON	" D. W. MANTON
" W. H. G. BUTTON	" D. B. SHELDON
" G. FITZGERALD	" A. SLESS, M.B., B.CH.
" E. W. KIPPIN	" W. C. TOMPSETT, J.P.
" J. A. TREVELYAN LEAK	" Mrs. M. L. WIGGANS
" A. J. SADLER	The Rev. M. G. COSTELLO
" Miss E. M. SHORT, M.R.S.T.	Mr. E. J. FITZGERALD
" Miss D. E. STRINGER, O.B.E.	The Rev. H. A. HAMILTON
" C. H. TYSON, B.SC., F.C.A.	Mrs. M. JAMESON
" F. E. WINCHESTER	The Rev. Canon J. N. KEELING
Councillor D. S. Y. BAKER, M.B.E.	Mrs. M. G. MILLS, M.A.
" S. D. DEASON	Mr. A. L. PERKINS, M.A.
" R. E. FITCH	Mr. F. A. STEEL
	Mr. V. A. A. TAYLOR

SCHOOLS SERVICES SUB-COMMITTEE

Chairman: Alderman W. H. G. Button

HIS WORSHIP THE MAYOR (Councillor G. B. BALDWIN, J.P.)	Councillor Mrs. WIGGANS
Alderman LEAK	The Rev. M. G. COSTELLO
Councillor EDE (<i>ex-officio</i>)	Mr. FITZGERALD
" FITCH	Mrs. JAMESON
" TOMPSETT	Mr. STEEL
	Mr. TAYLOR

SCHOOL ATTENDANCE AND EMPLOYMENT BRANCH SUB-COMMITTEE

Chairman: Councillor Mrs. M. L. Wiggans

Alderman BUTTON	Miss R. EVANS (Representing Brighton Teachers' Association)
Councillor EDE (<i>ex-officio</i>)	Mr. FITZGERALD
" FITCH	Mrs. JAMESON
" TOMPSETT	

MANAGERS OF THE BRIGHTON DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL CHILDREN

Chairman: Councillor D. S. Y. Baker, M.B.E.

Alderman BUTTON	Councillor FITCH
" LEAK	Mrs. JAMESON
" Miss STRINGER	Mrs. M. ROBBINS
Councillor EDE	

SCHOOLS SERVICES (APPOINTMENTS) BRANCH SUB-COMMITTEE

Alderman BUTTON (<i>ex-officio</i>)	Mrs. JAMESON
Councillor EDE (<i>ex-officio</i>)	

SCHOOL HEALTH SERVICE STAFF

Medical Officers

- W. S. PARKER, *V.R.D.*, M.B., Ch.B., M.R.C.S., L.R.C.P., D.I.H., D.P.H., Principal School Medical Officer.
 A. M. NELSON, M.B., Ch.B., D.P.H., Deputy Principal School Medical Officer.
 L. B. PETERS, M.B., B.S., Senior School Medical Officer.
 L. D. WILLIAMS, *T.D.*, M.R.C.S., L.R.C.P., D.P.H., School Medical Officer.
 MARY C. PRICE, M.B., Ch.B., C.P.H., School Medical Officer.
 J. A. CHOLMELEY, F.R.C.S., Orthopaedic Surgeon (part-time).
 D. ST. CLAIR ROBERTS, M.A., B.M., B.Ch., F.R.C.S., Ophthalmic Surgeon (part-time).
 J. L. J. PHILLIPS, B.Sc., M.B., B.Ch., D.O.M.S., Ophthalmic Surgeon (part-time).
 N. R. W. SPACEK, M.B., D.A., F.F.A.R.C.S., Anaesthetist (part-time).

Dental Officers

- E. G. H. LIGHTFOOT, L.D.S., U.St.And., Principal School Dental Officer.
 PAULINE OSIS, D.D.D., School Dental Officer.
 R. H. THOSEBY, L.D.S.R.C.S., School Dental Officer.
 IRMA DROTH, L.D.S.R.C.S., School Dental Officer.

Speech Clinic

- Miss R. WOODWARD, L.C.S.T.
 Mrs. E. STONE, L.C.S.T.

Orthopaedic Clinic

- Mrs. D. McNULTY, M.C.S.P., Senior Physiotherapist.

School Nursing Staff

- | | |
|--|-----------------------------------|
| Miss A. WEBBER,*† Senior School Health Visitor | Miss J. DAVIDSON |
| Miss A. ORRIDGE* | Miss O. BLANDFORD |
| Miss E. WATTERSON* | Mrs. M. ASTON* (from 1-2-61) |
| Miss A. LEACH* | Mrs. E. G. ELLIOTT (from 17-4-61) |
| Miss F. HOLLANDS* | Mrs. E. LOWETH* (from 2-10-61) |

*Health Visitors Certificate

†Parentcraft Teachers' Certificate

Clerical Staff

- | | |
|-----------------------------------|-----------------------------|
| Mr. F. N. WRIGHT, Senior Clerk | Miss E. GYLES (to 31-3-61) |
| Miss V. I. NANSCAWEN (to 31-3-61) | Miss H. MUNDAY |
| Mrs. M. BIRD | Miss M. HILL (from 17-4-61) |
| | Miss L. DIXON (from 1-5-61) |

Dental Attendants

- | | |
|---|-----------------------------------|
| Miss D. SILVER, Senior Dental Attendant | Mrs. A. HENRY (<i>nee</i> MAJOR) |
| Miss L. SERCOMBE | Miss J. MATTHEWS (to 31-12-61) |
| Miss A. ROUND | |

The population of Brighton at mid-1961 was 161,690, of which 21,767 were school children in maintained schools (1960—21,764).

TABLE I
SCHOOL POPULATION

	No. of schools	Average number on registers	Average attendance	Percentage of attendance
Secondary Grammar ...	3	2,012	1,895	94.2
Secondary Modern ...	16	6,829	6,250	91.5
Primary ...	46	12,365	11,114	89.9
	65	21,206	19,259	90.8
Day Special School for E.S.N. Children ...	1	181	157	86.7
Nursery ...	2	78	64	82.0
Brighton, Hove and Sussex Grammar. (Jointly main- tained by Brighton and East Sussex Education Authorities) ...	1	647*	622	96.1

*302 pupils belong to Brighton
327 pupils belong to East Sussex
18 pupils belong to other education authorities

MEDICAL INSPECTION AND TREATMENT
Year Ending 31st December, 1961

TABLE II

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth) (1)	No. of pupils Inspected (2)	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1957 and later	358	356	99.44	2	0.56
1956	800	789	98.63	11	1.37
1955	629	623	99.05	6	0.95
1954	126	125	99.21	1	0.79
1953	90	89	98.90	1	1.10
1952	110	110	100.00	—	—
1951	1,171	1,167	99.66	4	0.34
1950	599	592	98.83	7	1.17
1949	158	158	100.00	—	—
1948	90	89	99.00	1	1.00
1947	1,408	1,399	99.36	9	0.64
1946 and earlier	818	817	99.88	1	0.12
TOTAL ...	6,357	6,314	99.32	43	0.68

B—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	4,431
Number of re-inspections	...	...	...	...	...	3,927
						8,358

The number of children examined at periodic medical inspections was 6,357 against 6,386 in 1960, a slight decrease of 29.

The number of re-inspections decreased from 4,503 in 1960, to 3,927 in 1961, but the number of special inspections increased from 4,384 in 1960, to 4,431 in 1961.

The physical condition of the pupils is at a high level. In 43 pupils or 0.68 an unsatisfactory physical condition was found compared with 0.90 in 1960.

The co-operation and collaboration of the teaching staff is gratefully acknowledged. Without this it would not have been possible to arrange the routine medical inspections.

Percentage of parents attending Medical Inspections:—

					1961	1960	1959
Entrants	...	...	...	...	91%	92%	90%
Intermediate	...	...	...	...	75%	77%	76%
Leavers	...	...	...	...	26%	25%	28%
Average	...	...	...	...	64%	64.7%	63.6%

TABLE III

Table B.—*Pupils found to require treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin)*

<i>Age Groups Inspected (by year of birth)</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Part I I</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
1957			
and later	3	83	84
1956	14	200	200
1955	6	167	170
1954	9	30	35
1953	10	22	28
1952	13	14	23
1951	95	104	186
1950	56	69	120
1949	10	11	18
1948	9	14	21
1947	160	103	177
1946			
and earlier	111	49	144
TOTAL	496	866	1,206

The number of individual pupils requiring treatment, or under treatment (1,206), showed an increase of 32 as compared with 1960 (1,174).

The 7.8% of children inspected who were found to require treatment, or under treatment, for defective vision, compares with 6.4% in 1960.

TABLE IV

Defects found by medical inspection in the year ended 31st December, 1961

TABLE A.—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4	Skin	26	12	35	6	53	16	114	34
5	Eyes:								
	(a) Vision	32	91	271	69	193	101	496	261
	(b) Squint... ..	60	10	2	—	17	2	79	12
	(c) Other	9	3	4	1	13	1	26	5
6	Ears:								
	(a) Hearing	15	18	10	3	16	7	41	28
	(b) Otitis Media	6	3	3	—	2	—	11	3
	(c) Other	2	3	1	—	1	1	4	4
7	Nose and Throat	124	284	7	15	42	78	173	377
8	Speech	62	36	3	—	18	4	83	40
9	Lymphatic Glands	1	7	—	—	1	1	2	8
10	Heart... ..	14	19	5	13	6	19	25	51
11	Lungs	22	65	5	10	14	35	41	110
12	Developmental:								
	(a) Hernia... ..	3	1	—	—	1	1	4	2
	(b) Other	5	16	2	—	9	15	16	31
13	Orthopaedic:								
	(a) Posture	10	8	11	21	9	25	30	54
	(b) Feet	38	9	25	9	24	14	87	32
	(c) Other	47	28	19	15	41	28	107	71
14	Nervous System:								
	(a) Epilepsy	4	2	—	1	1	5	5	8
	(b) Other	—	11	1	4	2	17	3	32
15	Psychological:								
	(a) Development	—	10	—	—	1	2	1	12
	(b) Stability	10	47	3	1	6	28	19	76
16	Abdomen	6	5	2	—	4	8	12	13
17	Other... ..	3	20	4	31	2	28	9	79

TABLE IV—continued
TABLE B.—SPECIAL INSPECTIONS

<i>Defect Code No. (1)</i>	<i>Defect or Disease (2)</i>	<i>Pupils requiring Treatment (3)</i>	<i>Pupils requiring Observation (4)</i>
4	Skin	137	7
5	Eyes:		
	(a) Vision	102	41
	(b) Squint	22	0
	(c) Other	53	3
6	Ears:		
	(a) Hearing	36	12
	(b) Otitis Media	17	1
	(c) Other	34	3
7	Nose and Throat	43	24
8	Speech	31	6
9	Lymphatic Gland	1	—
10	Heart	2	1
11	Lungs	53	11
12	Developmental:		
	(a) Hernia	—	—
	(b) Other	—	—
13	Orthopaedic:		
	(a) Posture	29	2
	(b) Feet	54	7
	(c) Other	89	3
14	Nervous system:		
	(a) Epilepsy	2	—
	(b) Other	1	1
15	Psychological:		
	(a) Development	37	2
	(b) Stability	23	3
16	Abdomen	2	—
17	Other	331	17

TABLE V

Recorded incidence of certain defects found to require treatment at periodic inspections per 1,000 pupils examined.

	1961	1960	1959
Total children examined	6,357	6,386	6,303
Skin	17.9	16.1	13.1
Eyes:			
(a) Vision	78.0	64.0	57.27
(b) Squint	12.4	10.2	8.1
(c) Other	4.1	6.0	2.8
Ears:			
(a) Hearing	6.4	5.5	6.9
(b) Otitis Media	1.6	1.7	1.2
(c) Other	0.6	2.3	2.0
Nose and Throat	27.2	37.0	50.7
Speech	13.0	10.6	10.9
Lymphatic Glands	0.3	0.5	1.9
Heart	3.9	5.1	3.6
Lungs	6.4	10.0	8.2
Developmental:			
(a) Hernia	0.6	1.1	1.2
(b) Other	2.5	2.2	2.8
Orthopaedic:			
(a) Posture	4.7	11.0	9.0
(b) Feet	13.7	13.0	10.6
(c) Other	16.8	18.0	19.2
Nervous System:			
(a) Epilepsy	0.8	0.8	0.1
(b) Other	0.5	2.6	0.9
Psychological:			
(a) Development	0.2	1.7	1.1
(b) Stability	3.0	1.1	2.2
Abdomen	1.9	1.6	0.4
Other	1.4	4.1	1.7

As recorded in my report for 1960 the increase in the incidence of visual defects continues.

1958	...	30.6	per 1,000
1959	...	57.27	per 1,000
1960	...	64.0	per 1,000
1961	...	78.0	per 1,000

TABLE VI

Number of children examined other than at Routine Medical Inspections:

Pupils presented by a teacher or parent for suspected defect:

In schools	61
In clinic	947
Other special inspections for mental and physical defects, employ- ments, boarded-out children, etc....	3,423
	<u>4,431</u>

Re-inspection of pupils previously found to have some defect:

In schools	2,605
In clinic	1,322
	<u>3,927</u>

There is a further increase in the number of special examinations from 4,384 in 1960 to 4,431 in 1961. The number of re-inspections at schools has fallen from 2,991 in 1960 to 2,605 in 1961, and the number examined at the Clinic has decreased from 1,512 in 1960 to 1,322 in 1961.

TABLE VII

Central and Branch Clinics

Clinic	Times of Attendance	Work Undertaken
<i>Central School Clinic, Sussex Street:</i>	Full-time	Centre for examination of special cases, ophthalmic, orthopaedic and speech clinics. Inspection, minor ailment and immunisation clinics. Routine dental treatment and dental treatment of emergency cases. General anaesthetics and dental radiography. Child Welfare appointments. Verminous treatment.
<i>Branch Medical Clinics:</i> Moulsecoomb School	Monday mornings Wednesday mornings Thursday afternoons Friday mornings	Minor ailment (Nurse only)
Whitehawk Child Welfare Centre	Friday afternoons	Minor ailment (Nurse only)
Patcham Junior School	Alternate Wednesday afternoons	Minor ailment (Nurse only)
Carden Junior School	Alternate Wednesday afternoons	Minor ailment (Nurse only)
Carden Junior School	Monday afternoons	Speech Therapy
Whitehawk Infants' School	Tuesday, all day	Speech Therapy
Woodside School	Thursday afternoons	Speech Therapy
Moulsecoomb School	Wednesday, all day	Speech Therapy
Balfour C.P. School	Thursday mornings	Speech Therapy
<i>Branch Dental Clinics:</i> Carden Junior School	Tuesday mornings Tuesday afternoons	Emergency cases Routine appointments and Child Welfare appointments
ditto	Friday mornings Friday afternoons	Emergency cases Routine appointments
Whitehawk Child Welfare Centre	Monday, all day	Emergency cases, routine appointments Child Welfare appointments
ditto	Thursday, all day	Emergency cases, routine appointments Routine appointments Child Welfare appointments
Moulsecoomb School	Monday, all day	Emergency cases, routine appointments Routine appointments Child Welfare appointments
ditto	Tuesday mornings	Emergency cases, routine appointments
ditto	Friday mornings Friday afternoons	Emergency cases Routine appointments
<i>Child Guidance Clinic, Princes Street:</i>	Tuesday, all day Thursday, all day	Child Guidance

ARRANGEMENTS FOR INSPECTION

Inspection Clinics:

947 children made 1,108 attendances at this clinic as compared with 1,045 children and 1,297 attendances in 1960.

Minor Ailment Clinics:

Number of cases treated	...	...	...	...	...	2,748
Total number of attendances	...	...	...	...	...	6,783

There has been an increase of 506 cases treated in the Minor Ailment Clinics compared with 1960. The following table gives the various conditions treated:—

TABLE VIII

Condition	Sussex Street			Moulseccomb			Whitehawk			Patcham & Carden		
	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.
External Eye—												
Blepharitis ...	28	25	53	3	4	7	12	4	16	6	3	9
Conjunctivitis	76	133	209	29	41	70	13	17	30	—	—	—
Other... ..	64	65	129	64	66	130	23	9	32	—	—	—
Ear—												
Earache ...	37	35	72	3	12	15	5	1	6	—	—	—
Otorrhoea ...	27	19	46	1	1	2	1	9	10	—	—	—
Deafness ...	1	—	1	—	—	—	1	—	1	—	—	—
Skin—												
Ringworm—												
Scalp ...	—	—	—	—	—	—	—	—	—	—	—	—
Body ...	1	3	4	—	—	—	—	—	—	—	—	—
Scabies ...	6	17	23	—	—	—	—	—	—	—	—	—
Impetigo ...	65	197	262	36	183	219	8	4	12	1	1	2
Other... ..	195	53	248	100	171	271	27	62	89	—	—	—
Miscellaneous— (e.g., Minor injuries, burns, sores etc.)	1,069	1,833	2,902	383	862	1,245	458	205	663	5	—	5

Detailed analysis of cases attending all minor ailment clinics:

Condition								No. of cases seen at Minor Ailment Clinics	
								1961	1960
External Eye:									
Blepharitis ...	...	...	...	...	...	...	...	49	74
Conjunctivitis ...	...	...	...	...	...	...	...	118	117
Other ...	...	...	...	...	...	...	...	151	108
Ear:									
Earache...	...	...	...	...	...	...	...	45	80
Otorrhoea ...	...	...	...	...	...	...	...	29	12
Deafness ...	...	...	...	...	...	...	...	2	3
Skin:									
Ringworm—Scalp	...	...	...	...	...	...	...	nil	nil
—Body	...	...	...	...	...	...	...	1	nil
Scabies ...	...	...	...	...	...	...	...	6	nil
Impetigo ...	...	...	...	...	...	...	...	110	64
Other ...	...	...	...	...	...	...	...	322	353
Miscellaneous: (e.g., Minor injuries, burns, sores, etc.)	...	...	...	...	...	...	...	1,915	1,431

The number of children attending for conjunctivitis compared with previous years is as follows:

1961 ...	...	...	118
1960 ...	...	...	117
1959 ...	...	...	134
1958 ...	...	...	253

OPHTHALMOLOGY

Mr. D. St. Clair Roberts, F.R.C.S., Consultant Ophthalmic Surgeon reports on the work of the Ophthalmic clinics:—

As far as the Eye Clinics are concerned, the past year has been uneventful. The new regulation allowing the older children to get more elegant glasses under the National Health Service, is welcome.

There is now little delay in seeing both new and old patients, and the clinics are running quite smoothly.

Mr. J. L. J. Phillips, B.Sc., D.O.M.S., has joined the staff of the Ophthalmic department.

TABLE IX

Eye Diseases, Defective Vision and Squint

									<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	...								318
Errors of refraction (including squint)	...	...	...	...	...	...	...	...	1,861
Total	...								2,179
Number of pupils for whom spectacles were prescribed	...								821

Defective Vision:

During the year 132 sessions were held. Total number of cases dealt with was 1,861 (1960—1,807). There were 481 new cases (including squints), (1960—499). Glasses were prescribed for 821 children (1960—787).

TABLE X

Diseases and Defects of Ear, Nose and Throat

									<i>Number of cases known to have been dealt with</i>
Received operative treatment:									
(a) for diseases of the ear	...	...	...	...	...	...	...	...	31
(b) for adenoids and chronic tonsillitis	...	...	...	...	...	...	...	...	635
(c) for other nose and throat conditions	...	...	...	...	...	...	...	...	54
Received other forms of treatment	...	...	...	...	...	...	...	...	74
Total	...								794
Total number of pupils in schools who are known to have been provided with hearing aids:									
(a) in 1961	...	...	...	...	...	...	...	...	2
(b) in previous years	...	...	...	...	...	...	...	...	10

Cardiac Clinic:

During the year 11 new cases were referred (18 in 1960). 12 re-examinations were carried out, 7 girls and 5 boys.

TABLE XI*Types of suspected Heart Defects seen during the year*

				<i>Infants</i>	<i>Juniors</i>	<i>Seniors</i>	TOTAL
Heart healthy	...	...	...	5	2	2	9
Not diagnosed (probably incidental murmur)	...	...	...	2	—	—	2
TOTAL				7	2	2	11

Nose and Throat Defects:—

617 pupils were examined for conditions relating to their tonsils and adenoids, compared with 718 in 1960. Of this total, 197 were referred to hospital for treatment. The remainder were kept under observation. 635 children received operative treatment for adenoids and chronic tonsillitis (768 in 1960).

Audiometry:—

The following is the result of tests carried out in 1961:—

61 children were referred for testing. These cases originated from routine medical inspections at school and from the consultation clinic.

Of this total:—

52 children whose hearing was found to be normal.

6 children in which the test was not found to be completely satisfactory (for re-test later).

3 children referred to the Sussex Throat and Ear Hospital for further investigation.

Of the 3 children referred to hospital:—

2 children discharged fit after treatment.

1 child still under treatment.

7 children were re-examined during the year, 6 being discharged and 1 remaining under observation.

Verminous Children:

In 1961, 997 individual pupils were found to be infested compared with 733 in 1960.

TABLE XII*Infestation with Vermin*

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorized persons	...	...	49,907
(ii)	Total number of individual pupils found to be infested	...		997
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...		383
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...		2

TABLE XIII*Cases Treated:*

Number of individual pupils treated	...	...	...	...	367
Number of cases treated	...	...	...	...	782
Number of scabies treated	...	...	...	...	6

The problem of infestation remains a real one. It is, however, important to appreciate that a comparison of figures from year to year does not give a complete picture of the situation.

Some of the factors which come into play are (1) stringency of standards of estimating infestation, (2) adequacy of staffing in respect of nurses, (3) placing the main responsibility upon the mother to do the cleansing herself wherever possible.

(1) It has always been the policy of the Brighton School Health Service to regard a child as being infested even when the condition is minimal, having perhaps only one or two lice or nits present in the hair.

(2) The factor of adequacy of nursing staff means that nurses see children more often and as a consequence pick up children who might be treated by parents and never come to our notice.

(3) The importance of getting parents to take responsibility for the cleanliness of their children means that children are rather longer a risk to other children. The ultimate benefits of such a system, however, extend far beyond the bounds of infestation.

As in the past, there has been a great concentration of severe infestation in one or two areas of the town where there is an association with other social problems.

One factor in any success of the campaign against infestation is that school nurses should be able to get into schools as soon as possible in the term. This applies even more strongly after a long holiday. Sources of infestation will then be prevented from causing secondary cases. The co-operation of head teachers in this matter is very much appreciated.

TABLE XIV*Nurses' Inspections:*

Cleanliness examinations of children in schools	...	...	...	49,907
Visits to school departments...	...	...	...	1,706
Number of home visits	...	...	...	2,519
Number of 7+ vision testings	...	...	...	2,998
Number of 11+ vision testings	...	...	...	2,285

Additional duties carried out during the year:

B.C.G. sessions...	...	...	...	126
Poliomyelitis vaccination clinics	...	...	...	83

The Senior School Health Visitor paid 249 visits to school departments as under:

Mothercraft talks	...	...	...	...	241
School leavers	...	...	...	...	3
Other visits	...	...	...	...	5

The number of children at aged seven and eleven years who had their vision tested increased from 3,581 in 1960 to 5,283 in 1961.

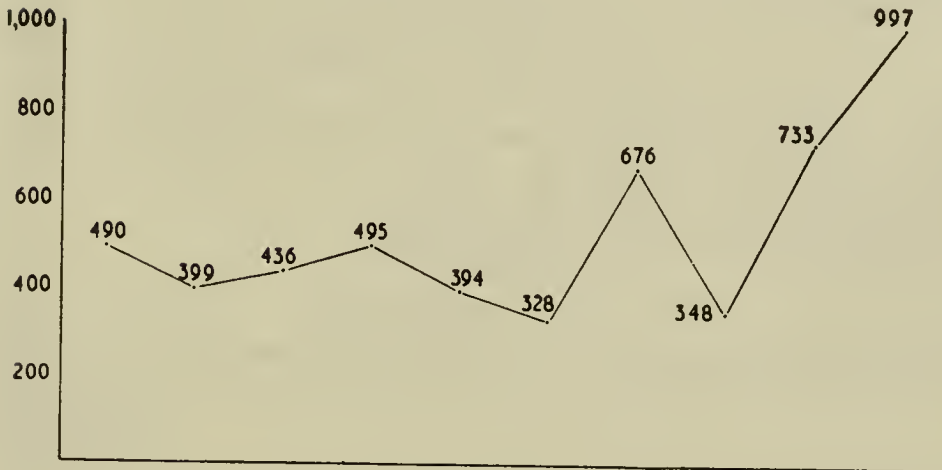
INCIDENCE OF INFESTATION 1952 - 1961

NUMBER OF SCHOOL CHILDREN

<u>1952</u>	<u>1953</u>	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>
19,984	20,791	20,450	21,074	21,401	21,658	21,704	21,573	21,764	21,767

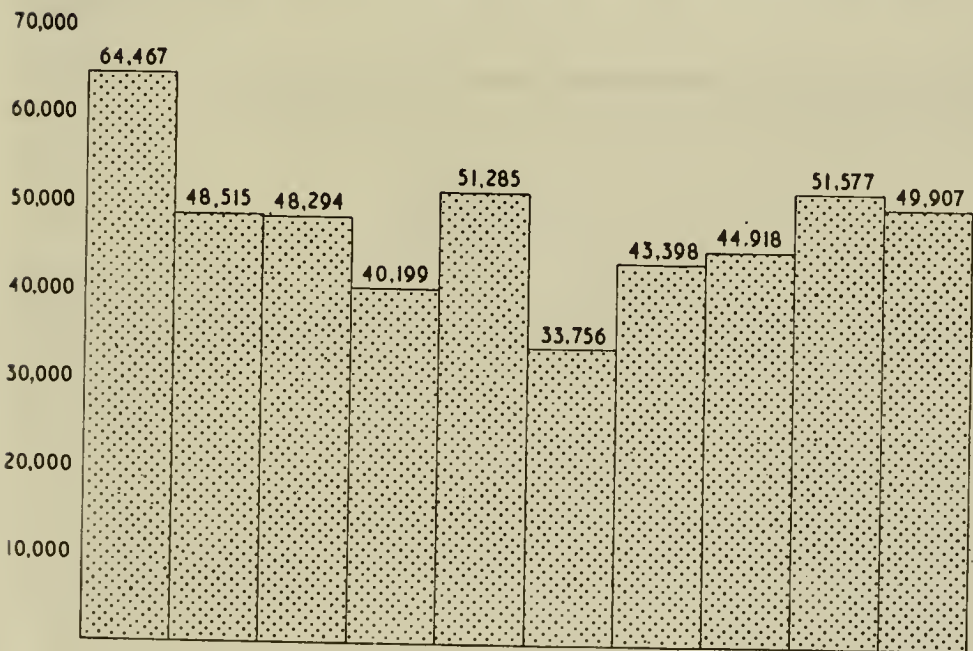
NUMBER FOUND TO BE INFESTED

<u>1952</u>	<u>1953</u>	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>
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NUMBER OF INDIVIDUAL EXAMINATIONS

<u>1952</u>	<u>1953</u>	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>
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NUMBER OF SCHOOL NURSES

<u>5</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>5</u>	<u>4</u>	<u>7</u>	<u>8</u>	<u>8</u>	<u>10</u>
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TABLE XV

Diseases of the Skin (excluding uncleanness—see Table XII)

										<i>Number of cases known to have been treated</i>
Ringworm:										—
(a) Scalp	...	...	...	...	...	...	...	...	...	1
(b) Body	...	...	...	...	...	...	...	...	...	6
Scabies	...	...	...	...	...	...	...	...	...	110
Impetigo	...	...	...	...	...	...	...	...	...	322
Other skin diseases		...	...	...	...	...	...	...	...
Total										439

TABLE XVI

Other Treatment Given

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	1,915
(b) Pupils who received convalescent treatment under School Health Service arrangements... ..	—
(c) Pupils who received B.C.G. vaccination	2,445
(d) Other than (a), (b) and (c) above—	
Appendicectomy	45
Miscellaneous	39
Total (a-d)	4,444

TABLE XVII

Handicapped Pupils

Pupils ascertained during the year requiring education at a special school:

	1961	1960
(a) Blind	0	0
(b) Partially sighted	0	3
(c) Deaf	0	1
(d) Partially deaf	0	0
(e) Educationally sub-normal	34	35
(f) Epileptic... ..	0	2
(g) Maladjusted	7	8
(h) Physically handicapped	1	2
(i) Speech	1	0
* (j) Delicate	7	10

- (b) Two children classified as partially sighted were recommended to remain at an ordinary school.
- (c) Seven children were recommended for special educational treatment as educationally sub-normal pupils at ordinary schools, and one child previously ascertained attending an ordinary school was recommended for transfer to a day special school.
- (h) Five physically handicapped children were recommended for tuition at home, one physically handicapped child was recommended to attend the Central Class, and seven physically handicapped children were recommended to attend ordinary school with modifications. One physically handicapped boy was recommended for vocational training.

TABLE XVIII

Handicapped Children maintained by the Brighton Education Committee in Residential Special Schools as at 31st December, 1961.

NAME OF SCHOOL				Blind	Partially Sighted	Deaf	Partially Deaf	Educationally Sub-Normal	Maladjusted	Delicate	Physically Handicapped	Speech Defects	Epileptic	Total
(a) RECOGNISED SCHOOLS:														
Barclay...	...	...	...	-	2	-	-	-	-	-	-	-	-	2
Blatchington Court	...	...	...	-	7	-	-	-	-	-	-	-	-	7
Brentwood	...	...	...	-	-	-	-	-	-	1	-	-	-	1
Chaigeley	...	...	...	-	-	-	-	-	1	-	-	-	-	1
Cicely Haughton	...	...	...	-	-	-	-	-	1	-	-	-	-	1
Conover Hall...	...	...	...	1	-	-	-	-	-	-	-	-	-	1
Crowthorn	...	...	...	-	-	-	-	2	-	-	-	-	-	2
Greenwood	...	...	...	-	-	-	-	1	-	-	-	-	-	1
Lingfield	...	...	...	-	-	-	-	-	-	-	-	-	2	2
Littlegreen	...	...	...	-	-	-	-	-	1	-	-	-	-	1
Lord Mayor Treloar	...	...	...	-	-	-	-	-	-	-	1	-	-	1
Mary Hare	...	...	...	-	-	1	-	-	-	-	-	-	-	1
Meadow Memorial	...	...	...	-	-	-	-	1	-	-	-	-	-	1
Port Regis	...	...	...	-	-	-	-	-	-	1	-	-	-	1
Royal London Society	...	...	...	2	-	-	-	-	-	-	-	-	-	2
St. Catherine's...	...	...	...	-	-	-	-	-	-	4	-	-	-	4
St. Dominic's	...	...	...	-	-	-	-	-	-	2	-	-	-	2
St. John's	...	...	...	-	-	-	-	1	-	-	-	-	-	1
St. Vincent's	...	...	...	-	-	-	-	-	-	2	-	-	-	2
School for Partially Deaf	...	...	...	-	-	-	9	-	-	-	-	-	-	9
Spring Hill	...	...	...	-	-	-	-	1	-	-	-	-	-	1
Staplefield Place	...	...	...	-	-	-	-	-	-	-	1	-	-	1
Suntrap...	...	...	...	-	-	-	-	-	-	2	-	-	-	2
Warwick Lodge	...	...	...	-	-	-	-	1	-	-	-	-	-	1
(b) INDEPENDENT SCHOOLS														
Hamilton Lodge	...	...	...	-	-	12	-	-	-	-	-	-	-	12
Peredur...	...	...	...	-	-	-	-	-	2	-	-	-	-	2
Philpots Manor	...	...	...	-	-	-	-	1	4	-	-	-	-	5
Pitt House	...	...	...	-	-	-	-	-	1	-	-	-	-	1
Salmon's Cross...	...	...	...	-	-	-	-	3	-	-	-	-	-	3
The Spinney	...	...	...	-	-	-	-	-	1	-	-	-	-	1
(c) RECOGNISED BOARDING HOMES:														
Shaftesbury House	...	...	...	-	-	-	-	-	-	1	-	-	-	1
(d) INDEPENDENT BOARDING HOMES:														
St. Michael's	...	...	...	-	-	-	-	-	3	-	-	-	-	3
TOTALS	...	...	...	3	9	13	9	11	14	13	2	-	2	76

NOTE.—This return does not include children in day special or hospital special schools.

Woodside Day Special School for Educationally Sub-Normal Pupils:

										1961	1960
Admissions	...	...	...	...	...	...	...	...	...	22	39
Discharges	...	...	...	...	...	...	...	...	...	16	29
School leaving age (11 Brighton children, 1 East Sussex child and 1 West Sussex child											
		
Committed to an approved school	...	...	...	...	...	...	...	...	...	1	
Withdrawn and admitted to independent school	...	...	...	...	...	...	...	...	...	1	
Removed to another district	...	...	...	...	...	...	...	...	...	1	
The number on the roll of the school at 31st December, 1961 (Christmas holiday period)											
	...	...	...	...	...	...	...	...	...	177	183

During 1961 reports were issued to the Local Health Authority under Section 57 (4) of the Education Act 1944, regarding 7 children who were found unsuitable for education at school.

Information was passed to the Local Health Authority about the 12 educationally sub-normal children who, in the opinion of the Committee, required supervision after leaving school.

TABLE XIX
Child Guidance Treatment

										<i>Number of cases known to have been treated</i>	
Pupils treated at Child Guidance Clinics under arrangements made by the authority										153	

ORTHOPAEDIC CLINIC

MR. J. A. CHOLMELEY, F.R.C.S., Consultant Orthopaedic Surgeon reports:—

There has been plenty of work at the clinic during the year although much of it has been of minor nature. This is also the situation in many out-patient departments.

Thirty to forty years ago acquired deformities were much more common, such as the result of rickets, tuberculous disease, osteomyelitis and poliomyelitis. Nowadays rickets is rarely seen; tuberculous disease and osteomyelitis with resultant deformities and disabilities are much less common due to the introduction of appropriate antibiotics. Poliomyelitis is fortunately becoming a rarity. Cerebral palsy and congenital deformities still occur as frequently as ever and need skilled individual treatment.

Of the minor conditions seen at the clinic some are of little significance—such as many cases of knock knees, irregular toes, and painless flat feet. On the other hand, advice to parents with regard to uneven wearing and spoiling of shoes can be of considerable economic benefit. During the past few years there has been an increase in hallux valgus and bunions, particularly in girls. This is certainly related in part to the design of the teen-agers' shoes, but one cannot put all the blame on the girls themselves, when the shops are full of glamorous, although unsuitable shoes and their mothers and older sisters wear pointed-toed shoes with stiletto heels.

TABLE XX
Orthopaedic and Postural Defects

				<i>Number of cases known to have been treated</i>
(a)	Pupils treated at clinics or out-patients' departments	...	...	855
(b)	Pupils treated at schools for postural defects	...	...	17
	Total	...	...	872

SPEECH THERAPY

During past months there has been a steady increase in the number of children found to be in need of Speech Therapy. Since 1959 over 18% more cases have been referred to the Speech Clinic. In 1961 a special effort was made to examine all the children on the waiting list. In spite of this there were still 75 children awaiting treatment on examination at the end of the year. Nonetheless there was an overall increase in the number of children admitted, treated and discharged. It is a cause of concern that at present it is impossible to give immediate treatment to the many children requiring it. There is in fact a 10 months' waiting period between referral and admission for treatment.

TABLE XXI

Numbers of pupils treated by Speech Therapists under arrangements made by the Authority

				1961	1960
Number of children treated	...	...	...	455	346
(Of these, 42 are still awaiting treatment)					
Number of new patients	...	...	...	182	113
Total number of attendances	...	...	...	4,847	4,864
Number on waiting list 31-12-61	...	...	...	75	70
(Of these, 42 have been examined and await treatment; 33 have still to be seen at all)					
Number of children discharged	...	...	...	144	97
Discharged cured...	...	...	84 (60)		
Discharged N.A.D.	...	...	2 (5)		
Own discharge (ceased attending or treatment refused)...					
Left district or left school	...	...	32 (16)		
	...	...	26 (16)		

TABLE XXII

Types of cases treated during the year

				1961	1960
Dyslalia (defective articulation)	...	...	...	223	152
Sigmatism (lisp)	...	...	...	99	73
Stammer	...	...	...	91	78
Cleft palate and nasal speech	...	...	...	12	11
Other defects	...	...	...	30	32

DENTAL REPORT 1961

MR. E. G. F. LIGHTFOOT reports as follows:—

In the year 1961, during which the same complement of professional staff (viz. four full-time dental officers) maintained the work of the School Dental Service, it was found practicable to increase the numbers dentally inspected on school premises and to include a wider number of children than in the previous year. Though it may appear time consuming, regular and frequent inspection has positive value as well as statistical, in that it brings before patient and parent the realization of the necessity of dental attention. The fact that the dentist will be coming to the school to carry out an examination is a reminder that “teeth do matter”, and even those who are studious to avoid a visit to the dentists are at least constrained to reveal their dental condition to the examining Dental Officer.

There will probably always be a certain number who avoid dental treatment perhaps not long after leaving school—the condition merits only extractions and dentures. This is greatly to be regretted, especially as nowadays facilities are so readily available, but it is a hopeful sign that one does not see, these days, so many of the swollen faces and grossly carious or septic mouths, as in former times, and the fact that there is a greater awareness of the importance of dental care is borne out by the decrease in the numbers of those applying for emergency treatment for the relief of pain.

The treatment of expectant and nursing mothers and children under school age, for which up to one session per week per dentist is reserved, provides not only the opportunity for the “toddlers” to get used to the surroundings of a dental surgery before there is the necessity for actual dental treatment, but also for the dentist to give a personal talk to the mother on the necessity of oral hygiene.

At the routine dental inspections 17,591 school children were examined and 10,004 were offered treatment. The total number of children treated was 3,140 with 9,805 attendances made by these children.

The number of children with irregular teeth who were treated by extractions 64; 12 temporary and 115 permanent teeth were removed to remedy overcrowding. In addition, 11 deformities requiring the use of orthodontic apparatus were treated and 11 appliances were fitted to correct alignment of the teeth of these patients. 23 patients were fitted with partial dentures; x-rays were taken for 57 patients.

Once again I would like to express our grateful thanks to head teachers and to their staff for the co-operation and help which they have given.

NOTES FROM ANNUAL REPORTS OF THE SCHOOL MEDICAL OFFICERS

DR. L. D. WILLIAMS

The health of the great majority of the children was good and the family care was high. In most families under-nutrition has disappeared. In my schools fat children have replaced the under-nourished. This has resulted from the general increase in the standard of living.

DR. MARY PRICE

There still seems to be too much of a tendency in many homes to allow the children to dictate policy on such matters as what they will eat or what they will wear, or what hour they will go to bed. This has an adverse effect on the child's happiness, fitness and progress at school. I think it is a good principle

for the child to believe that its father and mother are working in its interest and know better than their offspring what is good for him or her and to be prepared to accept the parent's ruling.

In Brighton we have a great many schoolchildren who are grossly overweight. These children nearly always have sugar and the floury foods—such as bread, potatoes, etc.—and very frequently gorge themselves on this unsuitable diet. They are often, apart from the obesity, very healthy children with really large appetites. If only the mothers would be more critical of what the child eats a great deal of this problem would disappear. The mother's foresight could achieve results.

On the whole during the past year, I have been impressed with the high level of general fitness in the majority of our schoolchildren.

NUTRITION

Meals and Milk:

The numbers of children receiving mid-day dinners and milk at maintained schools on selected dates was as under:—

<i>Date</i>	<i>Number of dinners</i>	<i>$\frac{1}{3}$ pints milk</i>	<i>Number of children at school</i>	<i>% of children having dinners</i>
October, 1960	9,669	16,528	20,375	47.45
October, 1961	10,035	16,579	20,135	49.8

The number of children receiving milk at non-maintained schools in October 1961 was 3,772 (4,579 children in school), compared with 3,941 and 4,730 respectively in October 1960.

The total number of school meals served during 1961 was 2,115,361 compared with 1,989,746 during 1960.

In December 1961, meals were being cooked at 31 Brighton Schools and at one central kitchen.

ROAD ACCIDENTS TO SCHOOLCHILDREN

The Chief Constable has kindly made the following data available to me for the year 1961.

<i>Under 15 years</i>	<i>Killed</i>	<i>Seriously Injured</i>	<i>Slightly Injured</i>	<i>Total</i>
January	1*	2	7	9
February		1	5	6
March			10	11
April		1	9	10
May		5	18	23
June		7	16	23
July		3	11	14
August		4	12	16
September		1	12	13
October		1	14	15
November		2	3	5
December		1	11	12
TOTAL	1	28	128	157

*Not resident in Brighton.

DEATHS OF BRIGHTON SCHOOLCHILDREN

It is with regret that I include the following details of local schoolchildren who died in 1961.

<i>Sex</i>	<i>Age</i>	<i>Cause of death</i>
Male	6 years	Cardiac failure. Electric shock, contact with railway line
Male	15 „	Asphyxia due to drowning in the sea from capsized boat
Male	9 „	Congenital heart disease
		Fallot's tetralogy
Male	14 „	Toxaemia. Intestinal obstruction
		Gangrene of Meckels diverticulum
Female	14 „	Staphylococcal pneumonia. Dermato myositis.

STAFF

Medical

Mr. J. L. J. Phillips began his appointment as part-time Ophthalmologist as from 2nd May, 1961.

Nursing

Miss A. Webber began her appointment as Deputy Chief Nursing Officer as from 1st October, 1961.

Mrs. M. Aston commenced duty as a School Health Visitor on 1st February, 1961.

Mrs. E. Loweth commenced duty as a School Health Visitor on 2nd October, 1961.

Mrs. E. G. Elliott commenced as Nursing Assistant from 17th April, 1961.

Orthopaedic Clinic

Miss I. T. Nielson, Authorized Physiotherapist (Denmark) commenced duties on a temporary basis on 16th October, 1961.

Dental Staff

Miss D. Matthews resigned her appointment as from 31st December, 1961, on taking up duties at a London hospital.

Clerical Staff

Miss V. I. Nanscawen retired on 31st March, 1961.

Miss E. Gyles resigned as from 31st March, 1961, on taking up appointment in the Health Department as an Assistant Supervisor, Home Help Service.

Miss M. Hill and Miss L. Dixon commenced duty on 17th April, 1961, and 1st May, 1961, respectively.

